

2018 Comprehensive Formulary

Aetna Medicare
(List of Covered Drugs)
GRP B2 Plus
4 Tier

**PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION
ABOUT THE DRUGS WE COVER IN THIS PLAN.**

This formulary was updated on 10/01/2017. For more recent information or other questions, please contact Aetna Medicare Member Services at **1-800-594-9390** or for **TTY users: 711**, 8 a.m. to 6 p.m. local time, Monday through Friday, or visit <http://www.AetnaRetireePlans.com>, choose "Manage your prescription drugs".

Formulary ID Number: 18066 Version 7

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Aetna Medicare is a PDP, HMO, PPO plan with a Medicare contract. Our SNPs also have contracts with State Medicaid programs. Enrollment in our plans depends on contract renewal.

You must continue to pay your Medicare Part B premium.

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Co-payments/co-insurance may change on January 1 of each year.

The formulary and/or pharmacy network may change at any time. You will receive notice when necessary. Members who get “Extra Help” are not required to fill prescriptions at preferred network pharmacies in order to get Low Income Subsidy (LIS) copays.

See Evidence of Coverage for a complete description of plan benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by service area.

Mail-order Pharmacy

For mail order, you can get prescription drugs shipped to your home through our preferred mail-order delivery program, which is called Aetna Rx Home Delivery®. Typically, mail-order drugs arrive within 7 to 14 days. You can call **1-800-594-9390 (TTY: 711)**, 8 a.m. to 6 p.m. local time, Monday through Friday, if you do not receive your mail-order drugs within this timeframe. Members may have the option to sign up for automated mail-order delivery.

ATTENTION: If you speak Spanish or Chinese, language assistance services, free of charge, are available to you. Call **1-800-594-9330 (TTY: 711)**.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-800-594-9330 (TTY: 711)**.

注意：如果您講中文，您可獲取免費的語言輔助服務。撥打**1-800-594-9390（聽障專線：711）**。

Note to existing members: This formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take.

When this drug list (formulary) refers to “we,” “us”, or “our,” it means Aetna Medicare. When it refers to “plan” or “our plan,” it means Aetna.

This document includes a list of the drugs (formulary) for our plan which is current as of 10/01/2017. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2019, and from time to time during the year.

What is the Aetna Medicare Comprehensive Formulary?

A formulary is a list of covered drugs selected by our plan in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. We will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at an Aetna Medicare network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Prescription Drug Schedule of Cost Sharing.

Can the Formulary (drug list) change?

Generally, if you are taking a drug on our 2018 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2018 coverage year except when a new, less expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released. Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost-sharing for those members taking it for the remainder of the coverage year. We feel it is important that you have continued access for the remainder of the coverage year to the formulary drugs that were available when you chose our plan, except for cases in which you can save additional money or we can ensure your safety.

If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 60 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug. If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug. The enclosed formulary is current as of 10/01/2017. To get updated information about the drugs covered by our plan, please contact us. Our contact information appears on the front and back cover pages.

In the event of any CMS-approved, mid-year non-maintenance formulary changes, the formularies will be updated monthly and posted on our website.

How do I use the Formulary?

There are two ways to find your drug within the formulary:

Medical Condition

The formulary begins on page 10. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, "Cardiovascular Agents". If you know what your drug is used for, look for the category name in the list that begins on page 10. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 119. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

Our plan covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand name drugs.

Are there any restrictions on my coverage?

Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include:

- **Prior Authorization:** Our plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from us before you fill your prescriptions. If you don't get approval, we may not cover the drug.
- **Quantity Limits:** For certain drugs, our plan limits the amount of the drug that we will cover. For example, our plan provides 30 tablets per 30 days per prescription for *candesartan*. This may be in addition to a standard one-month or three-month supply.

- **Step Therapy:** In some cases, our plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 10. You can also get more information about the restrictions applied to specific covered drugs by visiting our Website. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask us to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to the Aetna Medicare formulary?" on page 6 for information about how to request an exception.

What if my drug is not on the Formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact Member Services and ask if your drug is covered.

If you learn that our plan does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by our plan. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by our plan.
- You can ask us to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to the Aetna Medicare Formulary?

You can ask us to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to cover a formulary drug at a lower cost-sharing level if this drug is not on the specialty tier. If approved this would lower the amount you must pay for your drug.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, our plan limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

Generally, we will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower cost-sharing drug or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

You should contact us to ask us for an initial coverage decision for a formulary, tiering or utilization restriction exception. **When you request a formulary, tiering or utilization restriction exception you should submit a statement from your prescriber or physician supporting your request.**

Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get a supporting statement from your doctor or other prescriber.

What do I do before I can talk to my doctor about changing my drugs or requesting an exception?

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a formulary exception so that we will cover the drug you take. While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 30-day supply (unless you have a prescription written for fewer days) when you go to a network pharmacy. After your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

If you are a resident of a long-term care facility, we will allow you to refill your prescription until we have provided you with at least 91 and up to a 98-day transition supply, consistent with dispensing increment, (unless you have a prescription written for fewer days). We will cover more than one refill of these drugs for the first 90 days you are a member of our plan. If you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug (unless you have a prescription for fewer days) while you pursue a formulary exception.

If you experience a change in your setting of care (such as being discharged or admitted to a long term care facility), your physician or pharmacy can request a one-time prescription override. This one-time override will provide you with temporary coverage (up to a 30-day supply) for the applicable drug(s).

For more information

For more detailed information about your plan's prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about our plan, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

If you have general questions about Medicare prescription drug coverage, please call Medicare at **1-800-MEDICARE (1-800-633-4227)** 24 hours a day/7 days a week. **TTY** users should call **1-877-486-2048**. Or, visit **<http://www.medicare.gov>**.

Aetna Medicare Formulary

The comprehensive formulary that begins on page 10 provides coverage information about the drugs covered by our plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 119.

The first column of the chart lists the drug name. Brand name drugs are capitalized (e.g., LEVEMIR) and generic drugs are listed in lower-case italics (e.g., *candesartan*).

The information in the Requirements/Limits column tells you if our plan has any special requirements for coverage of your drug. The following abbreviations are used:

QL	Quantity Limits
PA	Prior Authorization
ST	Step Therapy
LA	Limited Access
MO	Mail-order Delivery
B/D	Part B vs. D Prior Authorization

QL: Quantity Limits. For certain drugs, our plan limits the amount of the drug that we will cover. For example, our plan provides 30 tablets per 30 days per prescription for *candesartan*.

PA: Prior Authorization. Our plan requires you or your provider to get prior authorization for certain drugs. This means that you will need to get approval from us before you fill your prescriptions. If you don't get approval, we may not cover the drug.

ST: Step Therapy. In some cases, our plan requires you to first try certain drugs to treat your medical condition, before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

LA: Limited Access. These prescriptions may be available only at certain pharmacies. For more information, consult your Pharmacy Directory or call Aetna Member Services at **1-800-594-9390 (TTY: 711)**, 8 a.m. to 6 p.m. local time, Monday through Friday.

MO: Mail Order. For certain kinds of drugs, you can use Aetna Rx Home Delivery services. Generally, the drugs available through mail order are drugs that you take on a regular basis, for a chronic or long-term medical condition. The drugs available through our plan's mail-order service are marked as "mail-order" drugs in our Drug List or MO. For more information, consult your Pharmacy Directory or call Aetna Member Services at **1-800-594-9390 (TTY: 711)**, 8 a.m. to 6 p.m. local time, Monday through Friday.

B/D: Part B versus Part D. This prescription drug has a Part B versus Part D administrative prior authorization requirement. This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

Drug tier copay levels

This 2018 comprehensive formulary is a listing of brand-name and generic drugs. Aetna Medicare's 2018 formulary covers most drugs identified by Medicare as Part D drugs, and your copay may differ depending upon the tier at which the drug resides.

The copay tiers for covered prescription medications are listed below. Copay amounts and coinsurance percentages for each tier vary by Aetna Medicare plan. Consult your plan's Summary of Benefits or Evidence of Coverage for your applicable copays and coinsurance amounts.

Copay tier	Type of drug
Tier 1	Generic Drugs
Tier 2	Preferred Brand Drugs
Tier 3	Non-Preferred Brand Drugs
Tier 4	Specialty Drugs

You may have drug coverage in the Coverage Gap Stage

There are four "drug payment stages" of a Medicare Prescription Drug Plan. How much you pay for a Part D drug depends on which drug payment stage you are in. Your plan may include supplemental coverage for some drugs during the Coverage Gap stage of the plan. Look in the 2018 Prescription Drug Benefits Chart (The Prescription Drug Schedule of Cost Sharing) that was included in your EOC packet. The Prescription Drug Benefits Chart will tell you if your plan provides coverage in the gap, and how much you will pay for covered drugs. If you need assistance finding this information, call the number on the back of your ID card.

Key*

Drug name	Drug tier	Requirements/Limits
UPPERCASE = Brand-name prescription drugs	1, 2, 3, 4 = Copay tier level	QL = Quantity Limit PA = Prior Authorization ST = Step Therapy LA = Limited Access MO = Mail-order Delivery B/D = Part B vs. Part D
Lowercase italics = Generic medications		

Drug name Drug tier Requirements/Limits

ANALGESICS

Analgesics

<i>ascomp/codeine</i>	1	QL (180 EA per 30 days) PA MO
<i>bupap tabs 300mg; 50mg</i>	1	QL (180 EA per 30 days) PA MO
<i>butalbital/acetaminophen/ caffeine/codeine</i>	1	QL (180 EA per 30 days) PA MO
<i>butalbital/acetaminophen/caffeine caps</i>	1	QL (180 EA per 30 days) PA MO
<i>butalbital/acetaminophen/caffeine tabs 325mg; 50mg; 40mg</i>	1	QL (180 EA per 30 days) PA MO
<i>butalbital/aspirin/caffeine/codeine</i>	1	QL (180 EA per 30 days) PA MO
<i>butalbital/aspirin/caffeine caps</i>	1	QL (180 EA per 30 days) PA MO
<i>capacet</i>	1	QL (180 EA per 30 days) PA
<i>esgic caps</i>	1	QL (180 EA per 30 days) PA MO
FIORICET/CODEINE	3	QL (180 EA per 30 days) PA MO
FIORICET CAPS	3	QL (180 EA per 30 days) PA MO
FIORINAL	3	QL (180 EA per 30 days) PA MO
<i>zebutal caps 325mg; 50mg; 40mg</i>	1	QL (180 EA per 30 days) PA MO

Nonsteroidal Anti-inflammatory Drugs

ANAPROX DS	3	MO
ARTHROTEC 50	3	MO
ARTHROTEC 75 TBEC	3	MO

10 *You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
CAMBIA	3	ST MO
CELEBREX CAPS 400MG	3	QL (30 EA per 30 days) ST MO
CELEBREX CAPS 100MG, 200MG, 50MG	3	QL (60 EA per 30 days) ST MO
<i>celecoxib caps 400mg</i>	1	QL (30 EA per 30 days) MO
<i>celecoxib caps 100mg, 200mg, 50mg</i>	1	QL (60 EA per 30 days) MO
DAYPRO	3	MO
<i>diclofenac potassium</i>	1	MO
<i>diclofenac sodium dr</i>	1	MO
<i>diclofenac sodium er</i>	1	MO
<i>diclofenac sodium/misoprostol</i>	1	MO
<i>diclofenac sodium transdermal soln 1.5%</i>	1	QL (450 ML per 30 days) MO
<i>diflunisal tabs 500mg</i>	1	MO
DUEXIS	3	MO
EC-NAPROSYN	3	MO
<i>etodolac er</i>	1	MO
<i>etodolac caps, tabs</i>	1	MO
FELDENE	3	MO
<i>fenoprofen calcium caps 400mg</i>	1	MO
<i>fenoprofen calcium tabs</i>	1	MO
FLECTOR	3	QL (60 EA per 30 days) PA MO
<i>flurbiprofen tabs</i>	1	MO
<i>ibuprofen susp</i>	1	MO
<i>ibuprofen tabs 400mg, 600mg, 800mg</i>	1	MO
INDOCIN SUSP	3	PA MO
<i>indomethacin er</i>	1	PA MO
<i>indomethacin immediate release caps</i>	1	PA MO
<i>ketoprofen er cp24 200mg</i>	1	MO
<i>ketoprofen caps 50mg, 75mg</i>	1	MO
<i>ketorolac tromethamine inj 30mg/ml</i>	1	QL (20 ML per 30 days) PA
<i>ketorolac tromethamine inj 15mg/ml, 30mg/ml, 60mg/2ml</i>	1	QL (20 ML per 30 days) PA MO
<i>ketorolac tromethamine tabs 10mg</i>	1	QL (20 EA per 30 days) PA MO

*You can find information on what the symbols and abbreviations on this table mean by 11 going to page 8.

Drug name	Drug tier	Requirements/Limits
<i>meclofenamate sodium caps</i>	1	MO
<i>meloxicam tabs</i>	1	MO
MOBIC TABS	3	MO
<i>nabumetone tabs</i>	1	MO
NAPRELAN	3	ST MO
NAPROSYN TABS 500MG	3	MO
<i>naproxen dr</i>	1	MO
<i>naproxen sodium er tb24 375mg</i>	1	MO
<i>naproxen sodium er tb24 500mg</i>	1	MO
<i>naproxen sodium tabs 275mg, 550mg</i>	1	MO
<i>naproxen tabs</i>	1	MO
<i>naproxen susp</i>	1	MO
<i>oxaprozin</i>	1	MO
PENNSAID SOLN 2%	3	QL (224 GM per 28 days) ST MO
<i>piroxicam caps</i>	1	MO
<i>sulindac tabs</i>	1	MO
TIVORBEX	3	PA MO
VIMOVO	3	MO
VIVLODEX	3	ST MO
VOLTAREN GEL	3	QL (1000 GM per 30 days) ST MO
ZIPSOR	3	ST MO
Opioid Analgesics, Long-acting		
<i>buprenorphine patch weekly 10mcg/hr, 15mcg/hr, 20mcg/hr, 5mcg/hr</i>	1	QL (4 EA per 28 days) ST MO
BUTRANS	3	QL (4 EA per 28 days) ST MO
CONZIP	3	QL (30 EA per 30 days) MO
DOLOPHINE TABS	3	QL (180 EA per 30 days) MO
EXALGO	3	QL (30 EA per 30 days) ST MO
<i>fentanyl transdermal patches</i>	1	QL (15 EA per 30 days) MO
<i>hydromorphone hcl er t24a 32mg</i>	1	QL (30 EA per 30 days) MO
<i>hydromorphone hcl er t24a 12mg, 16mg, 8mg</i>	1	QL (30 EA per 30 days) MO

Drug name	Drug tier	Requirements/Limits
KADIAN CP24 100MG, 10MG, 200MG, 20MG, 30MG, 40MG, 50MG, 60MG, 80MG	3	QL (60 EA per 30 days) ST MO
<i>methadone hcl tabs</i>	1	QL (180 EA per 30 days) MO
<i>methadone hcl oral soln</i>	1	QL (3000 ML per 30 days) MO
<i>methadone hcl conc</i>	1	QL (360 ML per 30 days) MO
<i>methadone hcl inj</i>	4	
<i>morphine sulfate er cp24 (generic Avinza) 120mg, 30mg, 45mg, 60mg, 75mg, 90mg</i>	1	QL (30 EA per 30 days) MO
<i>morphine sulfate er cp24 (generic Kadian) 100mg, 10mg, 20mg, 30mg, 50mg, 60mg, 80mg</i>	1	QL (60 EA per 30 days) MO
<i>morphine sulfate er tbc (generic MS Contin) 100mg, 200mg, 30mg, 60mg</i>	1	QL (60 EA per 30 days) MO
<i>morphine sulfate er tbc (generic MS Contin) 15mg</i>	1	QL (90 EA per 30 days) MO
MS CONTIN TBCR 100MG, 200MG, 30MG, 60MG	3	QL (60 EA per 30 days) PA MO
MS CONTIN TBCR 15MG	3	QL (90 EA per 30 days) PA MO
NUCYNTA ER	3	QL (60 EA per 30 days) ST MO
OPANA ER (CRUSH RESISTANT)	3	QL (60 EA per 30 days) MO
<i>oxycodone hcl er t12a 80mg</i>	1	QL (120 EA per 30 days) PA MO
<i>oxycodone hcl er t12a 15mg, 30mg, 60mg</i>	1	QL (60 EA per 30 days) PA
<i>oxycodone hcl er t12a 10mg, 20mg, 40mg</i>	1	QL (60 EA per 30 days) PA MO
<i>oxymorphone hydrochloride er tb12 40mg</i>	1	QL (120 EA per 30 days) MO
<i>oxymorphone hydrochloride er tb12 10mg, 15mg, 20mg, 30mg, 5mg, 7.5mg</i>	1	QL (60 EA per 30 days) MO
<i>tramadol hcl er cp24 100mg, 200mg, 300mg</i>	1	QL (30 EA per 30 days) MO
<i>tramadol hcl er tb24 100mg, 200mg, 300mg</i>	1	QL (30 EA per 30 days) MO
Opioid Analgesics, Short-acting		
<i>acetaminophen/codeine tabs</i>	1	QL (180 EA per 30 days) MO

*You can find information on what the symbols and abbreviations on this table mean by 13 going to page 8.

Drug name	Drug tier	Requirements/Limits
<i>acetaminophen/codeine soln</i>	1	QL (4500 ML per 30 days) MO
<i>butorphanol tartrate nasal soln</i>	1	QL (5 ML per 30 days) MO
<i>butorphanol tartrate inj 1mg/ml</i>	1	
<i>butorphanol tartrate inj 2mg/ml</i>	1	MO
<i>codeine sulfate tabs</i>	1	QL (180 EA per 30 days) MO
DEMEROL INJ 100MG/2ML, 25MG/0.5ML, 25MG/ML, 75MG/1.5ML, 75MG/ML	3	PA
DEMEROL INJ 100MG/ML, 50MG/ ML	3	PA MO
DEMEROL TABS 100MG	3	QL (120 EA per 30 days) PA MO
DILAUDID ORAL IQD	3	QL (2400 ML per 30 days) MO
DILAUDID TABS 2MG, 4MG, 8MG	3	QL (180 EA per 30 days) MO
DURAMORPH	2	B/D
<i>endocet tabs 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg</i>	1	QL (180 EA per 30 days)
<i>fentanyl citrate oral transmucosal</i>	4	QL (120 EA per 30 days) PA MO
FENTORA TABS 100MCG, 200MCG, 400MCG, 600MCG, 800MCG	4	QL (120 EA per 30 days) PA MO
<i>hydrocodone bitartrate/ acetaminophen soln 325mg/15ml; 7.5mg/15ml</i>	1	QL (5550 ML per 30 days) MO
<i>hydrocodone bitartrate/ acetaminophen tabs 300mg; 10mg, 300mg; 5mg, 300mg; 7.5mg, 325mg; 2.5mg</i>	1	QL (180 EA per 30 days) MO
<i>hydrocodone/acetaminophen tabs 325mg; 10mg, 325mg; 5mg, 325mg; 7.5mg</i>	1	QL (180 EA per 30 days) MO
<i>hydrocodone/ibuprofen tabs 10mg; 200mg, 5mg; 200mg, 7.5mg; 200mg</i>	1	QL (150 EA per 30 days) MO
<i>hydromorphone hcl immediate release tabs</i>	1	QL (180 EA per 30 days) MO
<i>hydromorphone hcl liqd</i>	1	QL (2400 ML per 30 days) MO

Drug name	Drug tier	Requirements/Limits
<i>hydromorphone hcl inj 10mg/ml, 50mg/5ml</i>	1	B/D
<i>hydromorphone hcl inj 1mg/ml, 2mg/ml, 4mg/ml</i>	1	B/D MO
<i>ibudone tabs 5mg; 200mg</i>	1	QL (150 EA per 30 days)
<i>lorcet</i>	1	QL (180 EA per 30 days)
<i>lorcet hd</i>	1	QL (180 EA per 30 days)
<i>lorcet plus tabs 325mg; 7.5mg</i>	1	QL (180 EA per 30 days)
<i>meperidine hcl tabs</i>	1	QL (120 EA per 30 days) PA MO
<i>meperidine hcl oral soln</i>	1	QL (3600 ML per 30 days) PA MO
<i>meperidine hcl inj 10mg/ml, 25mg/ml</i>	1	PA
<i>meperidine hcl inj 100mg/ml, 50mg/ml</i>	1	PA MO
<i>morphine sulfate inj 0.5mg/ml, 10mg/ml, 150mg/30ml, 1mg/ml iv, 25mg/ml, 2mg/ml, 4mg/ml, 50mg/ml, 8mg/ml</i>	1	B/D
<i>morphine sulfate inj 15mg/ml</i>	1	B/D MO
<i>morphine sulfate oral soln 100mg/5ml</i>	1	QL (180 ML per 30 days) MO
<i>morphine sulfate oral soln 10mg/5ml</i>	1	QL (1800 ML per 30 days) MO
<i>morphine sulfate oral soln 20mg/5ml</i>	1	QL (900 ML per 30 days) MO
<i>morphine sulfate tabs 30mg</i>	1	QL (180 EA per 30 days) MO
<i>morphine sulfate tabs 15mg</i>	1	QL (60 EA per 30 days) MO
<i>nalbuphine hcl inj 10mg/ml, 20mg/ml</i>	1	MO
NORCO	3	QL (180 EA per 30 days) MO
NUCYNTA	3	QL (180 EA per 30 days) ST MO
OPANA TABS	3	QL (180 EA per 30 days) MO
<i>oxycodone hcl caps</i>	1	QL (180 EA per 30 days) MO
<i>oxycodone hcl conc</i>	1	QL (180 ML per 30 days) MO
<i>oxycodone hcl soln</i>	1	QL (5400 ML per 30 days) MO
<i>oxycodone hcl tabs 30mg</i>	1	QL (120 EA per 30 days) MO

*You can find information on what the symbols and abbreviations on this table mean by 15 going to page 8.

Drug name	Drug tier	Requirements/Limits
<i>oxycodone hcl tabs 10mg, 15mg, 20mg, 5mg</i>	1	QL (180 EA per 30 days) MO
<i>oxycodone/acetaminophen soln</i>	1	QL (1800 ML per 30 days)
<i>oxycodone/acetaminophen tabs 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg</i>	1	QL (180 EA per 30 days) MO
<i>oxycodone/aspirin tabs 325mg; 4.835mg</i>	1	QL (180 EA per 30 days) MO
<i>oxycodone/ibuprofen</i>	1	QL (120 EA per 30 days) MO
<i>oxymorphone hydrochloride</i>	1	QL (180 EA per 30 days) MO
<i>pentazocine/naloxone hcl</i>	1	QL (360 EA per 30 days) PA MO
PERCOCET TABS 325MG; 10MG, 325MG; 2.5MG, 325MG; 5MG, 325MG; 7.5MG	3	QL (180 EA per 30 days) MO
<i>reprexain tabs 10mg; 200mg</i>	1	QL (150 EA per 30 days) MO
ROXICODONE TABS 30MG	3	QL (120 EA per 30 days) MO
ROXICODONE TABS 15MG, 5MG	3	QL (180 EA per 30 days) MO
<i>tramadol hcl immediate release tabs 50mg</i>	1	QL (240 EA per 30 days) MO
<i>tramadol hydrochloride/acetaminophen</i>	1	QL (240 EA per 30 days) MO
TYLENOL/CODEINE #3	3	QL (180 EA per 30 days) MO
ULTRACET	3	QL (240 EA per 30 days) MO
ULTRAM	3	QL (240 EA per 30 days) MO
<i>vicodin es tabs 300mg; 7.5mg</i>	1	QL (180 EA per 30 days)
<i>vicodin hp tabs 300mg; 10mg</i>	1	QL (180 EA per 30 days)
<i>vicodin tabs 300mg; 5mg</i>	1	QL (180 EA per 30 days)
XODOL TABS 300MG; 10MG	3	QL (180 EA per 30 days) MO
<i>xylon</i>	1	QL (150 EA per 30 days)
<i>zamicet</i>	1	QL (5550 ML per 30 days) MO

ANESTHETICS

Local Anesthetics

<i>lidocaine hcl inj 0.5%, 2%</i>	1	
<i>lidocaine hcl external soln 4%</i>	1	MO
<i>lidocaine viscous</i>	1	MO
<i>lidocaine/prilocaine crea</i>	1	QL (30 GM per 30 days) PA MO
<i>lidocaine oint</i>	1	QL (36 GM per 30 days) PA MO
<i>lidocaine ptch</i>	1	QL (90 EA per 30 days) PA MO

Drug name	Drug tier	Requirements/Limits
LIDODERM	3	QL (90 EA per 30 days) PA MO
XYLOCAINE INJ 2%	3	MO

ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS

Alcohol Deterrents/Anti-craving

<i>acamprosate calcium dr</i>	1	MO
ANTABUSE	3	MO
<i>disulfiram tabs</i>	1	MO
<i>naltrexone hcl tabs</i>	1	MO

Opioid Dependence Treatments

<i>buprenorphine hcl/naloxone hcl</i>	1	QL (90 EA per 30 days) PA MO
<i>buprenorphine hcl subl</i>	1	QL (90 EA per 30 days) PA MO
SUBOXONE FILM 2MG; 0.5MG, 4MG; 1MG, 8MG; 2MG	3	QL (120 EA per 30 days) PA MO
SUBOXONE FILM 12MG; 3MG	3	QL (60 EA per 30 days) PA MO

Opioid Reversal Agents

<i>naloxone hcl inj 0.4mg/ml, 2mg/2ml, 4mg/10ml</i>	1	MO
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Smoking Cessation Agents

<i>bupropion hcl sr tb12 150mg</i>	1	QL (60 EA per 30 days) MO
CHANTIX CONTINUING MONTH PAK	3	PA MO
CHANTIX STARTING MONTH PAK	3	PA MO
CHANTIX TABS 0.5MG, 1MG	3	PA MO
NICOTROL INHALER	3	MO
NICOTROL NS	3	MO
ZYBAN	3	QL (60 EA per 30 days) ST MO

ANTIBACTERIALS

Aminoglycosides

<i>amikacin sulfate inj 1gm/4ml, 500mg/2ml</i>	1	MO
<i>gentamicin sulfate pediatric</i>	1	MO
<i>gentamicin sulfate/0.9% sodium chloride inj 0.9mg/ml, 1.2mg/ml, 1.4mg/ml, 1.6mg/ml, 1mg/ml, 2mg/ml</i>	1	
<i>gentamicin sulfate/0.9% sodium chloride inj 0.8mg/ml</i>	1	MO
<i>gentamicin sulfate inj 10mg/ml</i>	1	

*You can find information on what the symbols and abbreviations on this table mean by 17 going to page 8.

Drug name	Drug tier	Requirements/Limits
<i>gentamicin sulfate inj 40mg/ml</i>	1	MO
<i>isotonic gentamicin inj 0.8mg/ml; 0.9%</i>	1	MO
<i>neomycin sulfate</i>	1	MO
<i>paromomycin sulfate</i>	1	MO
<i>streptomycin sulfate inj 1gm</i>	1	MO
<i>tobramycin sulfate inj 1.2gm, 10mg/ml, 40mg/ml</i>	1	
<i>tobramycin sulfate inj 1.2gm/30ml, 80mg/2ml</i>	1	MO
Antibacterials, Other		
<i>baciim</i>	1	
<i>bacitracin inj 50000unit</i>	1	MO
BACTROBAN NASAL	3	MO
<i>chloramphenicol sodium succinate</i>	1	
CLEOCIN CAPS, 2% VAGINAL CREAM AND 100MG SUPPOSITORY	3	MO
CLEOCIN PHOSPHATE INJ 300MG/2ML, 600MG/4ML IV, 900MG/6ML IV	3	
CLEOCIN PHOSPHATE INJ 600MG/4ML, 900MG/6ML	3	MO
<i>clindamycin hcl caps</i>	1	MO
<i>clindamycin inj 900mg/60ml</i>	1	
<i>clindamycin palmitate hcl 75mg/5ml</i>	1	MO
<i>clindamycin phosphate in d5w</i>	1	
<i>clindamycin phosphate vaginal crea 2%</i>	1	MO
<i>clindamycin phosphate inj 150mg/ml, 300mg/2ml, 900mg/60ml</i>	1	
<i>clindamycin phosphate inj 600mg/4ml, 900mg/6ml</i>	1	MO
CLINDESSE	3	MO
<i>colistimethate sodium</i>	1	PA MO
CUBICIN	4	
CUBICIN RF	4	
<i>daptomycin</i>	4	

Drug name	Drug tier	Requirements/Limits
FLAGYL	3	MO
FURADANTIN	3	MO
HIPREX	3	MO
ISOPROPYL ALCOHOL WIPES	2	
<i>lansoprazole/amoxicillin/ clarithromycin</i>	1	QL (224 EA per 365 days) MO
<i>linezolid inj</i>	4	PA
<i>linezolid susr</i>	4	QL (1800 ML per 28 days) PA MO
<i>linezolid tabs</i>	4	QL (56 EA per 28 days) PA MO
MACROBID	3	MO
MACRODANTIN	3	MO
<i>methenamine hippurate</i>	1	MO
METROGEL-VAGINAL	3	MO
<i>metronidazole in nacl 0.79%</i>	1	
<i>metronidazole vaginal</i>	1	MO
<i>metronidazole caps 375mg</i>	1	MO
<i>metronidazole tabs 250mg, 500mg</i>	1	MO
MONUROL	3	MO
<i>nitrofurantoin macrocrystals</i>	1	MO
<i>nitrofurantoin monohydrate</i>	1	MO
<i>nitrofurantoin susp</i>	1	MO
NUVESSA	3	MO
PREVPAC	3	QL (224 EA per 365 days) MO
SIVEXTRO INJ	4	
SIVEXTRO TABS	4	MO
SYNERCID INJ 350MG; 150MG	4	
<i>tigecycline</i>	4	
<i>tinidazole</i>	1	MO
<i>trimethoprim tabs</i>	1	MO
TYGACIL	4	
VANCOGIN HCL CAPS 125MG	3	QL (120 EA per 30 days) MO
VANCOGIN HCL CAPS 250MG	4	MO
VANCOMYCIN HCL IN DEXTROSE	3	
<i>vancomycin hcl caps 125mg</i>	1	QL (120 EA per 30 days) MO
<i>vancomycin hcl caps 250mg</i>	4	MO
VANCOMYCIN HCL INJ 0.9%; 1GM/200ML	3	

*You can find information on what the symbols and abbreviations on this table mean by 19 going to page 8.

Drug name	Drug tier	Requirements/Limits
<i>vancomycin hcl inj 1000mg, 10gm, 5000mg, 750mg</i>	1	
<i>vancomycin hcl inj 500mg</i>	1	MO
VANCOMYCIN INJ 0.9%; 500MG/100ML	2	
VANCOMYCIN INJ 0.9%; 750MG/150ML	3	
VANDAZOLE	3	MO
XIFAXAN TABS 200MG	3	QL (9 EA per 3 days) PA MO
XIFAXAN TABS 550MG	4	PA MO
ZYVOX SUSR	4	QL (1800 ML per 28 days) PA MO
ZYVOX TABS	4	QL (56 EA per 28 days) PA MO
ZYVOX INJ 600MG/300ML	4	PA
Beta-lactam, Cephalosporins		
<i>cefaclor er tb12 500mg</i>	1	MO
<i>cefaclor caps</i>	1	MO
<i>cefaclor susr 125mg/5ml, 250mg/5ml, 375mg/5ml</i>	1	MO
<i>cefadroxil</i>	1	MO
CEFAZOLIN SODIUM/DEXTROSE INJ 1GM; 4%, 2GM; 3%	3	
<i>cefazolin sodium inj 100gm, 1gm, 1gm; 5%, 20gm, 300gm</i>	1	
<i>cefazolin sodium inj 10gm, 500mg</i>	1	MO
CEFAZOLIN INJ 2GM/100ML; 4%	3	
<i>cefdinir</i>	1	MO
CEFEPIME/DEXTROSE	3	
CEFEPIME INJ 1GM/50ML, 2GM/100ML	3	
<i>cefepime inj 1gm, 2gm</i>	1	MO
<i>cefixime</i>	1	MO
<i>cefotaxime sodium inj 10gm, 2gm, 500mg</i>	1	
<i>cefotaxime sodium inj 1gm</i>	1	MO
<i>cefotetan</i>	1	
CEFOTETAN/DEXTROSE	3	
CEFOXITIN SODIUM IN DEXTROSE INJ 1GM, 2GM	3	

Drug name	Drug tier	Requirements/Limits
<i>cefoxitin sodium inj 10gm, 2gm</i>	1	
<i>cefoxitin sodium inj 1gm</i>	1	MO
<i>cefpodoxime proxetil</i>	1	MO
<i>cefprozil</i>	1	MO
CEFTAZIDIME/DEXTROSE	2	
<i>ceftazidime inj 6gm</i>	1	
<i>ceftazidime inj 1gm, 2gm</i>	1	MO
CEFTIN SUSR	3	MO
<i>ceftriaxone in iso-osmotic dextrose</i>	1	
<i>ceftriaxone sodium inj 100gm, 1gm</i>	1	
<i>ceftriaxone sodium inj 10gm, 250mg, 2gm, 500mg</i>	1	MO
CEFTRIAZONE/DEXTROSE	3	
<i>cefuroxime axetil tabs</i>	1	MO
<i>cefuroxime sodium inj 1.5gm, 7.5gm</i>	1	
<i>cefuroxime sodium inj 750mg</i>	1	MO
<i>cephalexin</i>	1	MO
FORTAZ INJ 1GM IV, 2GM IV, 500MG, 6GM	3	
FORTAZ INJ 1GM, 2GM	3	MO
MAXIPIME INJ 1GM, 2GM	3	
SUPRAX CAPS	2	MO
SUPRAX CHEW 100MG	3	
SUPRAX CHEW 200MG	3	MO
SUPRAX SUSR 500MG/5ML	2	
SUPRAX SUSR 100MG/5ML, 200MG/5ML	3	MO
<i>tazicef inj 1gm, 2gm, 6gm</i>	1	
TEFLARO	4	
Beta-lactam, Other		
AZACTAM IN ISO-OSMOTIC DEXTROSE	3	
<i>aztreonam inj 1gm</i>	1	MO
<i>aztreonam inj 2gm</i>	4	MO
<i>imipenem/cilastatin</i>	1	MO
INVANZ INJ 1GM	3	
INVANZ INJ 1GM	3	MO

*You can find information on what the symbols and abbreviations on this table mean by 21 going to page 8.

Drug name	Drug tier	Requirements/Limits
<i>meropenem vial</i>	1	MO
MEROPENEM/SODIUM CHLORIDE	3	
Beta-lactam, Penicillins		
<i>amoxicillin/clavulanate potassium</i>	1	MO
<i>amoxicillin/clavulanate potassium er</i>	1	MO
<i>amoxicillin chew 125mg, 250mg</i>	1	MO
<i>amoxicillin caps, susr, tabs</i>	1	MO
<i>ampicillin sodium inj 10gm, 125mg, 1gm iv, 250mg, 2gm iv</i>	1	
<i>ampicillin sodium inj 1gm, 2gm, 500mg</i>	1	MO
<i>ampicillin-sulbactam</i>	1	
<i>ampicillin caps</i>	1	MO
<i>ampicillin susr 125mg/5ml</i>	1	
<i>ampicillin susr 250mg/5ml</i>	1	MO
AUGMENTIN ES-600	3	MO
AUGMENTIN SUSR 125MG/5ML; 31.25MG/5ML, 250MG/5ML; 62.5MG/5ML	3	MO
BICILLIN L-A INJ 1200000UNIT/2ML, 2400000UNIT/4ML, 600000UNIT/ ML	3	MO
<i>dicloxacillin sodium</i>	1	MO
<i>nafcillin sodium inj 10gm, 1gm, 2gm iv</i>	1	
<i>nafcillin sodium inj 2gm</i>	1	MO
<i>oxacillin sodium inj 10gm, 1gm</i>	1	
<i>oxacillin sodium inj 2gm</i>	1	MO
<i>penicillin g potassium inj 2000000unit, 5000000unit</i>	1	MO
<i>penicillin g procaine</i>	1	MO
<i>penicillin g sodium</i>	1	
<i>penicillin v potassium</i>	1	MO
<i>piperacillin sodium/tazobactam sodium inj 2gm-0.25gm, 3gm- 0.375gm, 36gm-4.5gm</i>	1	

Drug name	Drug tier	Requirements/Limits
<i>piperacillin sodium/tazobactam inj</i> 12gm; 1.5gm, 4gm; 0.5gm	1	
Macrolides		
AZITHROMYCIN PACK	2	MO
<i>azithromycin susr, tabs</i>	1	MO
<i>azithromycin inj 500mg</i>	1	MO
BIAXIN TABS	3	MO
<i>clarithromycin er</i>	1	MO
<i>clarithromycin susr, tabs</i>	1	MO
DIFICID	4	MO
E.E.S. 400 TABS	3	MO
E.E.S. GRANULES	3	MO
ERY-TAB	3	MO
ERYPED 200	3	MO
ERYPED 400	3	MO
ERYTHROCIN LACTOBIONATE INJ 500MG	3	
ERYTHROCIN STEARATE TABS 250MG	3	MO
<i>erythromycin base</i>	1	MO
<i>erythromycin ethylsuccinate susr, tabs</i>	1	MO
<i>erythromycin stearate tabs 250mg</i>	1	MO
<i>erythromycin caps dr 250mg</i>	1	MO
PCE	3	MO
ZITHROMAX TRI-PAK	3	MO
ZITHROMAX Z-PAK	3	MO
ZITHROMAX INJ, SUSR, TABS	3	MO
ZMAX	3	MO
Quinolones		
AVELOX	3	MO
AVELOX ABC PACK	3	MO
CIPRO I.V.-IN D5W INJ 400MG/200ML; 5%	3	
CIPRO SUSR	3	MO
<i>ciprofloxacin er tb24 1000mg</i>	1	MO
<i>ciprofloxacin er tb24 500mg</i>	1	MO

*You can find information on what the symbols and abbreviations on this table mean by 23 going to page 8.

Drug name	Drug tier	Requirements/Limits
<i>ciprofloxacin hcl tabs 100mg, 250mg, 500mg, 750mg</i>	1	MO
<i>ciprofloxacin i.v.-in d5w inj 200mg/100ml (5%)</i>	1	
<i>ciprofloxacin i.v.-in d5w inj 400mg/200ml (5%)</i>	1	MO
CIPROFLOXACIN OTIC SOLN	2	MO
<i>ciprofloxacin inj, susr</i>	1	MO
CIPRO TABS 250MG, 500MG	3	MO
LEVAQUIN TABS	3	MO
<i>levofloxacin in d5w</i>	1	
<i>levofloxacin inj 25mg/ml</i>	1	
<i>levofloxacin oral soln 25mg/ml</i>	1	MO
<i>levofloxacin tabs 250mg, 500mg, 750mg</i>	1	MO
<i>moxifloxacin hcl tabs</i>	1	MO
<i>ofloxacin tabs 300mg, 400mg</i>	1	MO
Sulfonamides		
BACTRIM DS	3	MO
BACTRIM TABS	3	MO
<i>sulfadiazine tabs</i>	1	MO
<i>sulfamethoxazole/trimethoprim ds</i>	1	MO
<i>sulfamethoxazole/trimethoprim tabs</i>	1	MO
<i>sulfamethoxazole/trimethoprim inj, susp</i>	1	MO
SULFATRIM PEDIATRIC	3	
Tetracyclines		
<i>doxy 100</i>	1	MO
<i>doxycycline hyclate dr</i>	1	MO
<i>doxycycline hyclate caps, inj</i>	1	MO
<i>doxycycline hyclate tabs 100mg, 20mg</i>	1	MO
<i>doxycycline monohydrate caps, tabs</i>	1	MO
<i>doxycycline susr 25mg/5ml</i>	1	MO
MINOCIN CAPS	3	ST MO
<i>minocycline hcl er</i>	1	ST MO

Drug name	Drug tier	Requirements/Limits
<i>minocycline hcl caps</i>	1	MO
<i>minocycline hcl tabs</i>	1	ST MO
<i>morgidox 1x100mg caps</i>	1	
<i>morgidox 1x50mg caps</i>	1	
<i>morgidox 2x100mg caps</i>	1	
SOLODYN TB24 105MG, 115MG, 55MG, 65MG, 80MG	3	ST MO
<i>tetracycline hydrochloride</i>	1	MO
VIBRAMYCIN SUSR 25MG/5ML	3	ST MO
VIBRAMYCIN CAPS 100MG	3	ST MO

ANTICONSULSANTS

Anticonvulsants, Other

APTiom TABS 200MG	3	QL (180 EA per 30 days) MO
APTiom TABS 600MG, 800MG	4	QL (60 EA per 30 days) MO
APTiom TABS 400MG	4	QL (90 EA per 30 days) MO
BRIVIACT INJ	3	PA
BRIVIACT ORAL SOLN, TABS	4	PA MO
FYCOMPA SUSP	3	QL (720 ML per 30 days) PA MO
FYCOMPA TABS 2MG	3	QL (180 EA per 30 days) PA MO
FYCOMPA TABS 10MG, 12MG, 8MG	3	QL (30 EA per 30 days) PA MO
FYCOMPA TABS 6MG	3	QL (60 EA per 30 days) PA MO
FYCOMPA TABS 4MG	3	QL (90 EA per 30 days) PA MO
KEPPRA XR	3	ST MO
KEPPRA SOLN, TABS	3	ST MO
<i>levetiracetam er</i>	1	MO
<i>levetiracetam oral soln, tabs</i>	1	MO
<i>levetiracetam inj 10mg/ml, 15mg/ml, 5mg/ml</i>	1	
<i>levetiracetam inj 500mg/5ml</i>	1	MO
POTIGA TABS 50MG	3	QL (270 EA per 30 days) MO
POTIGA TABS 200MG	4	QL (180 EA per 30 days) MO
POTIGA TABS 300MG, 400MG	4	QL (90 EA per 30 days) MO
<i>roweepra</i>	1	
SPRITAM	3	MO

*You can find information on what the symbols and abbreviations on this table mean by 25 going to page 8.

Drug name	Drug tier	Requirements/Limits
Calcium Channel Modifying Agents		
CELONTIN CAPS 300MG	3	MO
<i>ethosuximide</i>	1	MO
LYRICA SOLN	2	QL (946 ML per 30 days) MO
LYRICA CAPS 100MG, 150MG, 25MG, 50MG, 75MG	2	QL (120 EA per 30 days) MO
LYRICA CAPS 225MG, 300MG	2	QL (60 EA per 30 days) MO
LYRICA CAPS 200MG	2	QL (90 EA per 30 days) MO
ZARONTIN	3	MO
ZONEGRAN CAPS 100MG, 25MG	3	ST MO
<i>zonisamide</i>	1	MO
Gamma-aminobutyric Acid (GABA) Augmenting Agents		
<i>clonazepam odt tbdp 1mg</i>	1	QL (120 EA per 30 days) MO
<i>clonazepam odt tbdp 2mg</i>	1	QL (300 EA per 30 days) MO
<i>clonazepam odt tbdp 0.125mg, 0.25mg, 0.5mg</i>	1	QL (90 EA per 30 days) MO
<i>clonazepam tabs 1mg</i>	1	QL (120 EA per 30 days) MO
<i>clonazepam tabs 2mg</i>	1	QL (300 EA per 30 days) MO
<i>clonazepam tabs 0.5mg</i>	1	QL (90 EA per 30 days) MO
DEPAKENE CAPS	3	MO
DEPAKOTE	3	MO
DEPAKOTE ER	3	MO
DEPAKOTE SPRINKLES	3	MO
DIASTAT ACUDIAL	3	MO
DIASTAT PEDIATRIC GEL 2.5MG	3	MO
<i>diazepam gel 10mg, 2.5mg, 20mg</i>	1	MO
<i>divalproex sodium dr</i>	1	MO
<i>divalproex sodium er</i>	1	MO
<i>divalproex sodium sprinkle caps</i>	1	MO
<i>gabapentin caps 100mg, 300mg</i>	1	QL (180 EA per 30 days) MO
<i>gabapentin caps 400mg</i>	1	QL (270 EA per 30 days) MO
<i>gabapentin soln</i>	1	QL (2160 ML per 30 days) MO
<i>gabapentin tabs 800mg</i>	1	QL (120 EA per 30 days) MO
<i>gabapentin tabs 600mg</i>	1	QL (180 EA per 30 days) MO
GABITRIL TABS 12MG, 16MG, 2MG, 4MG	3	MO
KLONOPIN TABS 1MG	3	QL (120 EA per 30 days) MO
KLONOPIN TABS 2MG	3	QL (300 EA per 30 days) MO

Drug name	Drug tier	Requirements/Limits
KLONOPIN TABS 0.5MG	3	QL (90 EA per 30 days) MO
MYSOLINE TABS	3	MO
NEURONTIN SOLN	3	QL (2160 ML per 30 days) MO
NEURONTIN CAPS 100MG, 300MG	3	QL (180 EA per 30 days) MO
NEURONTIN CAPS 400MG	3	QL (270 EA per 30 days) MO
NEURONTIN TABS 800MG	3	QL (120 EA per 30 days) MO
NEURONTIN TABS 600MG	3	QL (180 EA per 30 days) MO
ONFI SUSP	4	PA MO
ONFI TABS 10MG	3	PA MO
ONFI TABS 20MG	4	PA MO
<i>phenobarbital elix</i>	1	QL (1500 ML per 30 days) PA MO
<i>phenobarbital tabs 100mg, 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg</i>	1	QL (120 EA per 30 days) PA MO
<i>primidone tabs</i>	1	MO
SABRIL	4	QL (180 EA per 30 days) PA LA
<i>tiagabine hydrochloride</i>	1	MO
<i>valproate sodium inj</i>	1	
<i>valproic acid caps, soln</i>	1	MO
Glutamate Reducing Agents		
<i>felbamate</i>	1	MO
FELBATOL	4	MO
LAMICTAL CHEWABLE DISPERSIBLE	3	ST MO
LAMICTAL ODT TABS	3	ST MO
LAMICTAL STARTER BLUE (35)	3	ST MO
LAMICTAL STARTER GREEN (98)	3	ST MO
LAMICTAL STARTER ORANGE (49)	3	ST MO
LAMICTAL XR KIT	3	ST MO
LAMICTAL XR TB24 100MG, 200MG, 250MG, 25MG, 50MG	3	ST MO
LAMICTAL XR TB24 300MG	4	ST MO
LAMICTAL TABS	3	ST MO
<i>lamotrigine er</i>	1	MO
<i>lamotrigine odt</i>	1	MO
<i>lamotrigine titration</i>	1	MO

*You can find information on what the symbols and abbreviations on this table mean by 27 going to page 8.

Drug name	Drug tier	Requirements/Limits
<i>lamotrigine chew, tabs</i>	1	MO
QUDEXY XR	3	ST MO
TOPAMAX	3	ST MO
TOPAMAX SPRINKLE	3	ST MO
<i>topiramate er</i>	1	MO
<i>topiramate sprinkle caps, tabs</i>	1	MO
TROKENDI XR	3	MO
Sodium Channel Agents		
BANZEL	4	PA MO
<i>carbamazepine er</i>	1	MO
<i>carbamazepine chew, susp, tabs</i>	1	MO
CARBATROL	3	MO
DILANTIN INFATABS	2	MO
DILANTIN-125	2	MO
DILANTIN CAPS	2	MO
<i>epitol</i>	1	
<i>fosphenytoin sodium inj 100mg pe/2ml</i>	1	
<i>fosphenytoin sodium inj 500mg pe/10ml</i>	1	MO
<i>oxcarbazepine</i>	1	MO
OXTELLAR XR	3	ST MO
PEGANONE TABS 250MG	3	MO
PHENYTEK	2	MO
<i>phenytoin sodium extended</i>	1	MO
<i>phenytoin sodium inj</i>	1	
<i>phenytoin chew, susp</i>	1	MO
TEGRETOL-XR	3	ST MO
TEGRETOL SUSP, TABS	3	ST MO
TRILEPTAL	3	ST MO
VIMPAT INJ	3	
VIMPAT ORAL SOLN	3	QL (1200 ML per 30 days) MO
VIMPAT TABS 50MG	3	QL (180 EA per 30 days) MO
VIMPAT TABS 100MG, 150MG, 200MG	3	QL (60 EA per 30 days) MO

ANTIDEMENTIA AGENTS

Antidementia Agents, Other

<i>ergoloid mesylates tabs</i>	1	PA MO
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Drug name	Drug tier	Requirements/Limits
NAMZARIC	3	PA MO
Cholinesterase Inhibitors		
ARICEPT TABS 23MG, 5MG	3	QL (30 EA per 30 days) ST MO
ARICEPT TABS 10MG	3	QL (60 EA per 30 days) ST MO
<i>donepezil hcl odt</i>	1	QL (30 EA per 30 days) MO
<i>donepezil hcl tabs 23mg, 5mg</i>	1	QL (30 EA per 30 days) MO
<i>donepezil hcl tabs 10mg</i>	1	QL (60 EA per 30 days) MO
EXELON PT24	3	QL (30 EA per 30 days) ST MO
<i>galantamine hydrobromide er</i>	1	QL (30 EA per 30 days) MO
<i>galantamine hydrobromide soln</i>	1	QL (200 ML per 30 days) MO
<i>galantamine hydrobromide tabs</i>	1	QL (60 EA per 30 days) MO
RAZADYNE ER	3	QL (30 EA per 30 days) ST MO
RAZADYNE TABS	3	QL (60 EA per 30 days) ST MO
<i>rivastigmine tartrate caps</i>	1	QL (60 EA per 30 days) MO
<i>rivastigmine transdermal system</i>	1	QL (30 EA per 30 days) MO
N-methyl-D-aspartate (NMDA) Receptor Antagonist		
<i>memantine hcl</i>	1	QL (60 EA per 30 days) PA MO
<i>memantine hcl titration pak</i>	1	QL (98 EA per 365 days) PA MO
<i>memantine hydrochloride soln</i>	1	QL (360 ML per 30 days) PA MO
NAMENDA TITRATION PAK	3	QL (98 EA per 365 days) PA MO
NAMENDA XR	3	PA MO
NAMENDA XR TITRATION PACK	3	PA MO
NAMENDA SOLN	3	QL (360 ML per 30 days) PA MO
NAMENDA TABS	3	QL (60 EA per 30 days) PA MO

ANTIDEPRESSANTS

Antidepressants, Other

<i>bupropion hcl sr tb12 100mg, 150mg, 200mg</i>	1	QL (60 EA per 30 days) MO
<i>bupropion hcl xl</i>	1	QL (30 EA per 30 days) MO
<i>bupropion hcl tabs</i>	1	QL (180 EA per 30 days) MO
FORFIVO XL	3	QL (30 EA per 30 days) ST MO
<i>mirtazapine odt</i>	1	QL (30 EA per 30 days) MO
<i>mirtazapine tabs 7.5mg</i>	1	MO

*You can find information on what the symbols and abbreviations on this table mean by 29 going to page 8.

Drug name	Drug tier	Requirements/Limits
<i>mirtazapine tabs 15mg, 30mg, 45mg</i>	1	QL (30 EA per 30 days) MO
REMERON	3	QL (30 EA per 30 days) MO
REMERON SOLTAB	3	QL (30 EA per 30 days) MO
TRINTELLIX TABS 5MG	3	QL (120 EA per 30 days) ST MO
TRINTELLIX TABS 20MG	3	QL (30 EA per 30 days) ST MO
TRINTELLIX TABS 10MG	3	QL (60 EA per 30 days) ST MO
WELLBUTRIN SR	3	QL (60 EA per 30 days) ST MO
WELLBUTRIN XL	3	QL (30 EA per 30 days) ST MO
<i>Monoamine Oxidase Inhibitors</i>		
EMSAM	4	QL (30 EA per 30 days) PA MO
MARPLAN	3	QL (180 EA per 30 days) MO
<i>phenelzine sulfate</i>	1	MO
<i>tranylcypromine sulfate</i>	1	MO
<i>SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor</i>		
CELEXA TABS 10MG	3	QL (120 EA per 30 days) ST MO
CELEXA TABS 40MG	3	QL (30 EA per 30 days) ST MO
CELEXA TABS 20MG	3	QL (60 EA per 30 days) ST MO
<i>citalopram hydrobromide soln</i>	1	QL (600 ML per 30 days) MO
<i>citalopram hydrobromide tabs 10mg</i>	1	QL (120 EA per 30 days) MO
<i>citalopram hydrobromide tabs 40mg</i>	1	QL (30 EA per 30 days) MO
<i>citalopram hydrobromide tabs 20mg</i>	1	QL (60 EA per 30 days) MO
CYMBALTA CPEP 20MG, 60MG	3	QL (60 EA per 30 days) ST MO
CYMBALTA CPEP 30MG	3	QL (90 EA per 30 days) ST MO
DESVENLAFAXINE ER TB24 100MG, 50MG	3	QL (30 EA per 30 days) MO
<i>desvenlafaxine er tb24 (generic Pristiq) 25mg</i>	1	QL (120 EA per 30 days) MO
<i>duloxetine hcl cpep 20mg, 40mg, 60mg</i>	1	QL (60 EA per 30 days) MO
<i>duloxetine hcl cpep 30mg</i>	1	QL (90 EA per 30 days) MO
EFFEXOR XR CP24 37.5MG, 75MG	3	QL (30 EA per 30 days) ST MO
EFFEXOR XR CP24 150MG	3	QL (60 EA per 30 days) ST MO
<i>escitalopram oxalate soln</i>	1	QL (600 ML per 30 days) MO

Drug name	Drug tier	Requirements/Limits
<i>escitalopram oxalate tabs 20mg</i>	1	QL (30 EA per 30 days) MO
<i>escitalopram oxalate tabs 10mg, 5mg</i>	1	QL (45 EA per 30 days) MO
FETZIMA TITRATION PACK	3	ST MO
FETZIMA CP24 20MG	3	QL (180 EA per 30 days) ST MO
FETZIMA CP24 120MG, 80MG	3	QL (30 EA per 30 days) ST MO
FETZIMA CP24 40MG	3	QL (90 EA per 30 days) ST MO
<i>fluoxetine dr caps 90mg</i>	1	QL (4 EA per 28 days) MO
<i>fluoxetine hcl caps 20mg</i>	1	QL (120 EA per 30 days) MO
<i>fluoxetine hcl caps 10mg</i>	1	QL (30 EA per 30 days) MO
<i>fluoxetine hcl caps 40mg</i>	1	QL (60 EA per 30 days) MO
<i>fluoxetine hcl soln</i>	1	MO
FLUOXETINE HCL TABS 60MG	2	MO
<i>fluoxetine hcl tabs (generic Prozac) 10mg, 20mg</i>	1	MO
<i>fluvoxamine maleate er caps</i>	1	QL (60 EA per 30 days) MO
<i>fluvoxamine maleate tabs</i>	1	MO
LEXAPRO SOLN	3	QL (600 ML per 30 days) ST MO
LEXAPRO TABS 20MG	3	QL (30 EA per 30 days) ST MO
LEXAPRO TABS 10MG, 5MG	3	QL (45 EA per 30 days) ST MO
<i>maprotiline hcl</i>	1	MO
<i>nefazodone hcl</i>	1	MO
<i>olanzapine/fluoxetine</i>	1	QL (30 EA per 30 days) MO
<i>paroxetine hcl er tb24 37.5mg</i>	1	QL (60 EA per 30 days) MO
<i>paroxetine hcl er tb24 12.5mg, 25mg</i>	1	QL (90 EA per 30 days) MO
<i>paroxetine hcl tabs 10mg, 20mg</i>	1	QL (30 EA per 30 days) MO
<i>paroxetine hcl tabs 30mg, 40mg</i>	1	QL (60 EA per 30 days) MO
PAXIL CR TB24 37.5MG	3	QL (60 EA per 30 days) ST MO
PAXIL CR TB24 12.5MG, 25MG	3	QL (90 EA per 30 days) ST MO
PAXIL SUSP	3	QL (900 ML per 30 days) MO
PAXIL TABS 10MG, 20MG	3	QL (30 EA per 30 days) ST MO
PAXIL TABS 30MG, 40MG	3	QL (60 EA per 30 days) ST MO
PRISTIQ TB24 100MG, 50MG	2	QL (30 EA per 30 days) MO
PRISTIQ TB24 25MG	2	QL (30 EA per 30 days) ST MO
PROZAC WEEKLY	3	QL (4 EA per 28 days) ST MO
PROZAC CAPS 20MG	3	QL (120 EA per 30 days) ST MO

*You can find information on what the symbols and abbreviations on this table mean by 31 going to page 8.

Drug name	Drug tier	Requirements/Limits
PROZAC CAPS 10MG	3	QL (30 EA per 30 days) ST MO
PROZAC CAPS 40MG	3	QL (60 EA per 30 days) ST MO
<i>sertraline hcl conc</i>	1	QL (300 ML per 30 days) MO
<i>sertraline hcl tabs 25mg</i>	1	QL (30 EA per 30 days) MO
<i>sertraline hcl tabs 100mg, 50mg</i>	1	QL (60 EA per 30 days) MO
SYMBYAX	3	QL (30 EA per 30 days) ST MO
<i>trazodone hcl tabs</i>	1	MO
<i>venlafaxine hcl er cp24 37.5mg, 75mg</i>	1	QL (30 EA per 30 days) MO
<i>venlafaxine hcl er cp24 150mg</i>	1	QL (60 EA per 30 days) MO
<i>venlafaxine hcl er tb24 225mg, 37.5mg, 75mg</i>	1	QL (30 EA per 30 days) MO
<i>venlafaxine hcl er tb24 150mg</i>	1	QL (60 EA per 30 days) MO
<i>venlafaxine hcl tabs</i>	1	MO
VIIBRYD STARTER PACK	3	MO
VIIBRYD TABS	3	QL (30 EA per 30 days) MO
ZOLOFT CONC	3	QL (300 ML per 30 days) ST MO
ZOLOFT TABS 25MG	3	QL (30 EA per 30 days) ST MO
ZOLOFT TABS 100MG, 50MG	3	QL (60 EA per 30 days) ST MO
Tricyclics		
<i>amitriptyline hcl tabs</i>	1	PA MO
<i>amoxapine</i>	1	MO
ANAFRANIL	3	PA MO
<i>chlordiazepoxide/amitriptyline</i>	1	PA MO
<i>clomipramine hcl caps</i>	1	PA MO
<i>desipramine hcl tabs</i>	1	MO
<i>doxepin hcl caps, conc</i>	1	PA MO
ELAVIL TABS 25MG	3	PA MO
<i>imipramine hcl tabs</i>	1	PA MO
<i>imipramine pamoate caps</i>	1	PA MO
NORPRAMIN TABS 10MG, 25MG	3	MO
<i>nortriptyline hcl caps, soln</i>	1	MO
PAMELOR CAPS	3	MO
<i>perphenazine/amitriptyline</i>	1	PA MO
<i>protriptyline hcl</i>	1	MO
TOFRANIL TABS	3	PA MO
<i>trimipramine maleate caps</i>	1	PA MO

Drug name Drug tier Requirements/Limits

ANTIEMETICS

Antiemetics, Other

<i>meclizine hcl tabs</i>	1	MO
<i>phenadoz supp 25mg</i>	1	PA
<i>phenadoz supp 12.5mg</i>	1	PA MO
<i>phenergan supp 12.5mg, 25mg, 50mg</i>	1	PA
<i>promethazine hcl supp 12.5mg, 25mg, 50mg</i>	1	PA MO
<i>promethegan supp 12.5mg, 25mg</i>	1	PA
<i>promethegan supp 50mg</i>	1	PA MO
TIGAN INJ	3	PA MO
TIGAN CAPS 300MG	3	PA MO
TRANSDERM-SCOP	3	QL (10 EA per 30 days) PA MO
<i>trimethobenzamide hcl caps 300mg</i>	1	PA MO

Emetogenic Therapy Adjuncts

<i>aprepitant</i>	1	B/D MO
<i>dronabinol</i>	1	QL (60 EA per 30 days) PA MO
EMEND TRIPACK	3	B/D MO
EMEND SUSR	3	B/D
EMEND CAPS	3	B/D MO
EMEND INJ	3	MO
<i>granisetron hcl tabs</i>	1	QL (60 EA per 30 days) B/D MO
MARINOL CAPS 2.5MG	3	QL (60 EA per 30 days) PA MO
MARINOL CAPS 10MG, 5MG	4	QL (60 EA per 30 days) PA MO
<i>ondansetron hcl tabs</i>	1	B/D MO
<i>ondansetron hcl oral soln</i>	1	QL (900 ML per 30 days) B/D MO
<i>ondansetron hcl inj 40mg/20ml, 4mg/2ml</i>	1	MO
<i>ondansetron odt</i>	1	B/D MO
SANCUSO	4	QL (4 EA per 28 days) MO
ZOFTRAN ODT	3	B/D MO
ZOFTRAN SOLN	3	QL (900 ML per 30 days) B/D MO
ZOFTRAN TABS 4MG, 8MG	3	B/D MO

*You can find information on what the symbols and abbreviations on this table mean by 33 going to page 8.

Drug name	Drug tier	Requirements/Limits
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ANTIFUNGALS

Antifungals

ABELCET	4	B/D
AMBISOME	3	B/D
<i>amphotericin b inj</i>	1	B/D MO
CANCIDAS INJ 50MG	4	
CANCIDAS INJ 70MG	4	MO
<i>ciclodan</i>	1	
<i>ciclopirox nail lacquer</i>	1	MO
<i>ciclopirox olamine crea</i>	1	MO
<i>ciclopirox gel, sham, susp</i>	1	MO
<i>clotrimazole/betamethasone dipropionate</i>	1	MO
<i>clotrimazole crea, lozg, soln</i>	1	MO
DIFLUCAN	3	MO
<i>econazole nitrate crea</i>	1	MO
ERTACZO	3	MO
EXTINA	3	MO
<i>fluconazole in dextrose inj</i>	1	
<i>fluconazole in nacl inj</i>	1	
<i>fluconazole susr, tabs</i>	1	MO
<i>flucytosine caps</i>	4	MO
<i>griseofulvin microsize</i>	1	MO
<i>griseofulvin ultramicrosize tabs 125mg, 250mg</i>	1	MO
<i>itraconazole caps</i>	1	PA MO
<i>ketoconazole crea, foam, sham, tabs</i>	1	MO
LAMISIL TABS	3	ST MO
LOPROX SHAMPOO	3	MO
LOPROX CREA	3	MO
LOTRISONE	3	MO
<i>miconazole 3 supp</i>	1	MO
MYCAMINE	4	MO
<i>naftifine hcl 1% cream</i>	1	MO
<i>naftifine hcl 2% cream</i>	1	MO
NAFTIN GEL	3	MO
NAFTIN CREA 2%	3	MO

Drug name	Drug tier	Requirements/Limits
NIZORAL SHAM	3	MO
NOXAFIL SUSP, DR TAB	4	MO
<i>nyamyc</i>	1	
<i>nyata powd</i>	1	
<i>nystatin/triamcinolone</i>	1	MO
<i>nystatin crea, oint, powd, susp, tabs</i>	1	MO
<i>nystop</i>	1	MO
ONMEL	4	PA MO
ORAVIG	3	MO
<i>oxiconazole nitrate</i>	1	MO
OXISTAT	3	MO
SPORANOX PULSEPAK	3	PA MO
SPORANOX CAPS	3	PA MO
SPORANOX SOLN	4	PA MO
TERAZOL 7	3	MO
<i>terbinafine hcl tabs</i>	1	MO
<i>terconazole</i>	1	MO
<i>voriconazole inj</i>	1	
<i>voriconazole susr, tabs</i>	1	MO
<i>zazole supp</i>	1	

ANTIGOUT AGENTS

Antigout Agents

<i>allopurinol tabs</i>	1	MO
<i>colchicine caps</i>	1	MO
<i>colchicine tabs 0.6mg</i>	1	QL (120 EA per 30 days) MO
COLCRYS	2	QL (120 EA per 30 days) MO
MITIGARE	3	MO
<i>probenecid/colchicine</i>	1	MO
<i>probenecid tabs</i>	1	MO
ULORIC	2	ST MO
ZYLOPRIM	3	MO

ANTIMIGRAINE AGENTS

Ergot Alkaloids

CAFERGOT TABS	3	MO
<i>dihydroergotamine mesylate inj</i>	1	MO

*You can find information on what the symbols and abbreviations on this table mean by 35 going to page 8.

Drug name	Drug tier	Requirements/Limits
<i>dihydroergotamine mesylate nasal soln</i>	1	QL (8 ML per 28 days) MO
<i>ergotamine tartrate/caffeine</i>	1	MO
MIGRANAL	3	QL (8 ML per 28 days) MO
Serotonin (5-HT) 1b/1d Receptor Agonists		
<i>almotriptan malate</i>	1	QL (8 EA per 30 days) MO
AMERGE	3	QL (9 EA per 30 days) ST MO
AXERT	3	QL (8 EA per 30 days) ST MO
FROVA	4	QL (12 EA per 30 days) ST MO
<i>frovatriptan succinate</i>	1	QL (12 EA per 30 days) MO
IMITREX STATDOSE REFILL	3	QL (4 ML per 30 days) ST MO
IMITREX STATDOSE SYSTEM	3	QL (4 ML per 30 days) ST MO
IMITREX NASAL SOLN	3	QL (12 EA per 30 days) ST MO
IMITREX INJ	3	QL (4 ML per 30 days) ST MO
IMITREX TABS	3	QL (9 EA per 30 days) ST MO
MAXALT	3	QL (12 EA per 30 days) ST MO
MAXALT-MLT	3	QL (12 EA per 30 days) ST MO
<i>naratriptan hcl</i>	1	QL (9 EA per 30 days) MO
ONZETRA XSAIL	3	QL (16 EA per 30 days) ST MO
RELPAK	2	QL (12 EA per 30 days) MO
<i>rizatriptan benzoate odt</i>	1	QL (12 EA per 30 days) MO
<i>rizatriptan benzoate tabs</i>	1	QL (12 EA per 30 days) MO
<i>sumatriptan succinate refill inj 6mg/0.5ml</i>	1	QL (4 ML per 30 days)
<i>sumatriptan succinate refill inj 4mg/0.5ml</i>	1	QL (4 ML per 30 days) MO
<i>sumatriptan succinate tabs</i>	1	QL (9 EA per 30 days) MO
<i>sumatriptan succinate inj 4mg/0.5ml, 6mg/0.5ml</i>	1	QL (4 ML per 30 days) MO
<i>sumatriptan soln</i>	1	QL (12 EA per 30 days) MO
SUMAVEL DOSEPRO	4	QL (4 ML per 30 days) ST MO
TREXIMET TABS 500MG; 85MG	3	QL (9 EA per 30 days) ST MO
ZEMBRACE SYMTOUCH	3	QL (8 ML per 30 days) ST MO
<i>zolmitriptan odt</i>	1	QL (6 EA per 30 days) MO
<i>zolmitriptan tabs</i>	1	QL (6 EA per 30 days) MO
ZOMIG SOLN	3	QL (12 EA per 30 days) ST MO
ZOMIG TABS	3	QL (6 EA per 30 days) ST MO

Drug name	Drug tier	Requirements/Limits
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ANTIMYASTHENIC AGENTS

Parasympathomimetics

GUANIDINE HCL	3	
MESTINON TIMESPAN	3	MO
MESTINON SYRP, TABS	3	MO
<i>pyridostigmine bromide er</i>	1	MO
<i>pyridostigmine bromide tabs</i>	1	MO

ANTIMYCOBACTERIALS

Antimycobacterials, Other

<i>dapsone tabs</i>	1	MO
<i>rifabutin</i>	1	MO

Antituberculars

CAPASTAT SULFATE	3	
<i>cycloserine</i>	4	MO
<i>ethambutol hcl tabs</i>	1	MO
<i>isoniazid tabs</i>	1	MO
<i>isoniazid inj</i>	1	
<i>isoniazid syrp</i>	1	MO
MYAMBUTOL	3	MO
PASER	2	MO
PRIFTIN	3	MO
<i>pyrazinamide tabs</i>	1	MO
RIFADIN INJ	4	
RIFADIN CAPS 150MG	3	MO
<i>rifampin caps, inj</i>	1	MO
RIFATER	3	MO
SIRTURO	4	PA LA
TRECTOR	3	MO

ANTINEOPLASTICS

Alkylating Agents

ALKERAN TABS	3	B/D MO
ALKERAN INJ	4	B/D
BENDEKA	4	
<i>busulfan</i>	4	B/D
BUSULFEX	4	B/D
<i>cyclophosphamide inj</i>	1	
<i>cyclophosphamide caps</i>	1	B/D MO

*You can find information on what the symbols and abbreviations on this table mean by 37 going to page 8.

Drug name	Drug tier	Requirements/Limits
EVOMELA	4	B/D
GLEOSTINE	3	
HEXALEN	4	MO
KISQALI 200MG FEMARA CO-PACK	4	QL (91 EA per 28 days) PA
KISQALI 400MG FEMARA CO-PACK	4	QL (91 EA per 28 days) PA
KISQALI 600MG FEMARA CO-PACK	4	QL (91 EA per 28 days) PA
LEUKERAN	3	MO
MATULANE	4	LA
<i>melphalan hydrochloride</i>	4	B/D
MUSTARGEN	4	B/D
TEMODAR INJ	4	B/D
<i>thiotepa inj 15mg</i>	4	
TREANDA INJ 100MG, 25MG	4	B/D
VALCHLOR	4	PA LA
YONDELIS	4	PA
Antiandrogens		
<i>bicalutamide</i>	1	MO
CASODEX	3	MO
<i>flutamide</i>	1	MO
<i>nilutamide</i>	4	MO
XTANDI	4	PA LA
ZYTIGA TABS 250MG	4	PA LA
Antiangiogenic Agents		
POMALYST	4	PA LA
REVLIMID	4	PA LA
THALOMID	4	PA
Antiestrogens/Modifiers		
EMCYT	3	MO
FARESTON	4	MO
SOLTAMOX	3	MO
<i>tamoxifen citrate tabs</i>	1	MO
Antimetabolites		
<i>clofarabine</i>	4	
DEPOCYT	3	
DROXIA	2	MO

Drug name	Drug tier	Requirements/Limits
<i>fluorouracil inj 1gm/20ml, 5gm/100ml</i>	1	B/D
HYDREA	3	MO
<i>hydroxyurea caps</i>	1	MO
<i>mercaptopurine tabs</i>	1	MO
PURIXAN	4	
TABLOID	3	MO
<i>Antineoplastics, Other</i>		
ABRAXANE	4	B/D
<i>adrucil</i>	1	B/D
ALIMTA	4	B/D
ARRANON	4	
AVASTIN	4	PA LA
BICNU	4	B/D
BLEO 15K	4	B/D
<i>bleomycin sulfat</i>	1	B/D
<i>carboplatin</i>	1	
<i>cisplatin</i>	1	
<i>cladribine</i>	1	B/D
CLOLAR	4	
COSMEGEN	4	
<i>cytarabine aqueous</i>	1	B/D
<i>dacarbazine</i>	1	
<i>daunorubicin hcl inj 5mg/ml</i>	1	
<i>decitabine</i>	1	
<i>dexrazoxane</i>	1	
<i>docetaxel inj 20mg/ml</i>	1	B/D
<i>docetaxel liposomal inj 160mg/16ml, 20mg/2ml, 80mg/8ml</i>	4	
<i>docetaxel inj 160mg/8ml, 80mg/4ml</i>	4	B/D
<i>doxorubicin hcl liposome</i>	1	
<i>doxorubicin hcl inj 10mg, 2mg/ml, 50mg</i>	1	B/D
<i>epirubicin hcl inj 200mg/100ml, 50mg/25ml</i>	1	
ERBITUX	4	PA
ERWINAZE	4	PA

*You can find information on what the symbols and abbreviations on this table mean by 39 going to page 8.

Drug name	Drug tier	Requirements/Limits
FASLODEX	4	B/D
<i>fludarabine phosphate</i>	1	
<i>fluorouracil inj 2.5gm/50ml</i>	1	B/D
FOLOTYN	4	
FUSILEV	4	B/D
<i>gemcitabine inj 2gm/52.6ml</i>	1	
<i>gemcitabine inj 1gm/26.3ml, 200mg/5.26ml</i>	4	
HALAVEN	4	PA
HERCEPTIN	4	PA
<i>idarubicin hcl</i>	1	
IFOSFAMIDE INJ 3GM	3	
<i>ifosfamide inj 1gm/20ml, 1gm, 3gm/60ml</i>	1	
INTRON A W/DILUENT INJ 10MU	4	B/D
INTRON A INJ 10MU/ML, 18MU	4	B/D
<i>irinotecan</i>	1	
ISTODAX (OVERFILL)	4	B/D
IXEMPRA KIT	4	PA
KADCYLA	4	B/D
KISQALI	4	PA
<i>leucovorin calcium tabs</i>	1	MO
<i>leucovorin calcium inj 100mg, 200mg, 350mg, 500mg, 50mg</i>	1	
<i>levoleucovorin calcium inj 175mg/17.5ml (10mg/ml)</i>	4	B/D
LEVOLEUCOVORIN INJ 175MG	3	B/D
<i>levoleucovorin inj 50mg</i>	1	B/D
<i>levoleucovorin inj 250mg/25ml</i>	4	B/D
LONSURF	4	PA
MARQIBO	4	PA
<i>mitomycin inj 20mg, 5mg</i>	1	
<i>mitomycin inj 40mg</i>	4	
<i>mitoxantrone hcl inj 2mg/ml</i>	1	
NINLARO	4	PA
NIPENT	4	B/D
ONCASPAR	4	
ONIVYDE	4	PA

Drug name	Drug tier	Requirements/Limits
<i>oxaliplatin</i>	1	
<i>paclitaxel inj 100mg/16.7ml, 150mg/25ml, 300mg/50ml, 30mg/5ml</i>	1	
PERJETA	4	PA LA
PORTRAZZA	4	PA
PROLEUKIN	4	B/D
RUBRACA TABS 200MG, 300MG	4	QL (120 EA per 30 days) PA
RYDAPT	4	PA
SYNRIBO	4	PA
TAXOTERE INJ 80MG/4ML	4	B/D
THERACYS INJ 81MG/VIAL	3	
TICE BCG	3	
TRISENOX	4	B/D
UVADEX	3	
VALSTAR	4	
VECTIBIX	4	PA
VELCADE	4	PA
<i>vinblastine sulfate inj 1mg/ml</i>	1	B/D
<i>vincasar pfs</i>	1	B/D
<i>vincristine sulfate</i>	1	B/D
<i>vinorelbine tartrate</i>	1	
YERVOY	4	PA
ZALTRAP INJ 100MG/4ML	4	PA
ZALTRAP INJ 200MG/8ML	4	PA LA
ZANOSAR	3	
ZEJULA	4	QL (90 EA per 30 days) PA
ZOLINZA	4	PA
Aromatase Inhibitors, 3rd Generation		
<i>anastrozole tabs</i>	1	MO
ARIMIDEX	3	MO
AROMASIN	3	MO
<i>exemestane</i>	1	MO
FEMARA	3	MO
<i>letrozole</i>	1	MO
Enzyme Inhibitors		
<i>etoposide inj 100mg/5ml, 1gm/50ml, 500mg/25ml</i>	1	

*You can find information on what the symbols and abbreviations on this table mean by 41 going to page 8.

Drug name	Drug tier	Requirements/Limits
KYPROLIS	4	PA
<i>toposar inj 100mg/5ml, 1gm/50ml, 500mg/25ml</i>	1	
<i>topotecan hcl</i>	4	
Molecular Target Inhibitors		
AFINITOR	4	PA
AFINITOR DISPERZ	4	PA
ALECENSA	4	PA LA
ALUNBRIG	4	PA
BELEODAQ	4	PA
BOSULIF	4	PA
CABOMETYX	4	PA LA
CAPRELSA	4	PA LA
COMETRIQ	4	PA LA
COTELLIC	4	PA LA
CYRAMZA	4	PA
ERIVEDGE	4	PA LA
FARYDAK	4	PA LA
GILOTRIF	4	PA LA
GLEEVEC TABS 400MG	4	QL (60 EA per 30 days) PA
GLEEVEC TABS 100MG	4	QL (90 EA per 30 days) PA
IBRANCE	4	PA LA
ICLUSIG	4	PA LA
<i>imatinib mesylate tabs 400mg</i>	4	QL (60 EA per 30 days) PA
<i>imatinib mesylate tabs 100mg</i>	4	QL (90 EA per 30 days) PA
IMBRUVICA	4	PA LA
INLYTA	4	PA LA
IRESSA	4	PA LA MO
JAKAFI	4	PA LA
JEVTANA	4	PA
LENVIMA 10 MG DAILY DOSE	4	PA LA
LENVIMA 14 MG DAILY DOSE	4	PA LA
LENVIMA 18 MG DAILY DOSE	4	PA LA
LENVIMA 20 MG DAILY DOSE	4	PA LA
LENVIMA 24 MG DAILY DOSE	4	PA LA
LENVIMA 8 MG DAILY DOSE	4	PA LA
LYNPARZA	4	PA LA

Drug name	Drug tier	Requirements/Limits
MEKINIST	4	PA LA
NEXAVAR	4	PA LA
ODOMZO	4	PA LA
SPRYCEL	4	PA
STIVARGA	4	PA LA
SUTENT	4	PA
TAFINLAR	4	PA LA
TAGRISSE	4	PA LA
TARCEVA	4	PA LA
TASIGNA	4	PA
TORISEL	4	
TYKERB	4	PA LA
VENCLEXTA STARTING PACK	4	PA LA
VENCLEXTA TABS 10MG, 50MG	3	PA LA
VENCLEXTA TABS 100MG	4	PA LA
VOTRIENT	4	PA LA
XALKORI	4	PA LA
ZELBORAF	4	PA LA
ZYDELIG	4	PA LA
ZYKADIA	4	PA LA
Monoclonal Antibody/Antibody-Drug Conjugate		
ARZERRA INJ 1000MG/50ML	4	PA
ARZERRA INJ 100MG/5ML	4	PA LA
BAVENCIO	4	PA
BLINCYTO	4	PA LA
DARZALEX	4	PA
EMPLICITI	4	PA
GAZYVA	4	PA LA
IMFINZI	4	PA
KEYTRUDA	4	PA
LARTRUVO INJ 500MG/50ML	4	PA
OPDIVO	4	PA LA
RITUXAN INJ 100MG/10ML	4	PA
RITUXAN INJ 500MG/50ML	4	PA LA
TECENTRIQ	4	PA LA
Retinoids		
<i>bexarotene</i>	4	PA

*You can find information on what the symbols and abbreviations on this table mean by 43 going to page 8.

Drug name	Drug tier	Requirements/Limits
PANRETIN	4	MO
TARGRETIN GEL	4	PA
<i>tretinoin caps 10mg</i>	4	MO
Treatment Adjuncts		
ELITEK	4	B/D
<i>mesna</i>	1	
MESNEX TABS	4	MO
ANTIPARASITICS		
Anthelmintics		
ALBENZA	4	MO
BILTRICIDE	2	MO
EMVERM	3	MO
<i>ivermectin tabs</i>	1	MO
STROMECTOL TABS 3MG	3	MO
Antiprotozoals		
ALINIA	3	MO
<i>atovaquone</i>	1	PA MO
<i>atovaquone/proguanil hcl</i>	1	MO
<i>chloroquine phosphate tabs</i>	1	MO
COARTEM	3	MO
<i>hydroxychloroquine sulfate tabs</i>	1	MO
<i>mefloquine hcl</i>	1	MO
MEPRON SUSP	4	PA MO
NEBUPENT	3	B/D MO
PENTAM 300	3	MO
PLAQUENIL	3	MO
<i>primaquine phosphate tabs</i>	1	MO
QUALAQUIN	3	PA MO
<i>quinine sulfate caps 324mg</i>	1	PA MO
Pediculicides/Scabicides		
ELIMITE	3	MO
EURAX	3	MO
<i>lindane sham</i>	1	MO
<i>malathion</i>	1	MO
OVIDE	3	MO
<i>permethrin crea</i>	1	MO

Drug name	Drug tier	Requirements/Limits
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ANTIPARKINSON AGENTS

Anticholinergics

<i>benztropine mesylate inj, tabs</i>	1	PA MO
COGENTIN INJ	3	PA
<i>trihexyphenidyl hcl</i>	1	PA MO

Antiparkinson Agents, Other

<i>amantadine hcl caps, syrp, tabs</i>	1	MO
COMTAN	3	MO
<i>entacapone</i>	1	MO

Dopamine Agonists

APOKYN INJ	4	PA LA
<i>bromocriptine mesylate caps, tabs</i>	1	MO
MIRAPEX	3	ST MO
MIRAPEX ER	3	QL (30 EA per 30 days) ST MO
NEUPRO	3	MO
<i>pramipexole dihydrochloride er</i>	1	QL (30 EA per 30 days) MO
<i>pramipexole dihydrochloride immediate release tabs</i>	1	MO
REQUIP XL TB24 6MG	3	QL (120 EA per 30 days) MO
REQUIP XL TB24 4MG	3	QL (150 EA per 30 days) MO
REQUIP XL TB24 2MG	3	QL (30 EA per 30 days) MO
REQUIP XL TB24 12MG	3	QL (60 EA per 30 days) MO
REQUIP XL TB24 8MG	3	QL (90 EA per 30 days) MO
REQUIP TABS	3	MO
<i>ropinirole er tb24 6mg</i>	1	QL (120 EA per 30 days) MO
<i>ropinirole er tb24 4mg</i>	1	QL (150 EA per 30 days) MO
<i>ropinirole er tb24 2mg</i>	1	QL (30 EA per 30 days) MO
<i>ropinirole er tb24 12mg</i>	1	QL (60 EA per 30 days) MO
<i>ropinirole er tb24 8mg</i>	1	QL (90 EA per 30 days) MO
<i>ropinirole hcl immediate release tabs</i>	1	MO

Dopamine Precursors/L- Amino Acid Decarboxylase Inhibitors

<i>carbidopa/levodopa er</i>	1	MO
<i>carbidopa/levodopa odt</i>	1	MO
<i>carbidopa/levodopa tabs</i>	1	MO
<i>carbidopa/levodopa/entacapone</i>	1	MO
<i>carbidopa tabs</i>	4	MO

*You can find information on what the symbols and abbreviations on this table mean by 45 going to page 8.

Drug name	Drug tier	Requirements/Limits
DUOPA	4	B/D
LODOSYN	4	MO
RYTARY	3	MO
SINEMET	3	MO
SINEMET CR	3	MO
STALEVO 100	4	ST MO
STALEVO 150	4	ST MO
STALEVO 200	4	ST MO
STALEVO 50	3	ST MO
Monoamine Oxidase B (MAO-B) Inhibitors		
AZILECT	2	MO
ELDEPRYL CAPS	3	MO
<i>rasagiline mesylate tabs</i>	1	MO
<i>selegiline hcl caps, tabs</i>	1	MO
ZELAPAR	3	QL (60 EA per 30 days) MO

ANTIPSYCHOTICS

1st Generation/Typical

<i>chlorpromazine hcl tabs</i>	1	MO
<i>chlorpromazine hcl inj 50mg/2ml</i>	1	
<i>chlorpromazine hcl inj 25mg/ml</i>	1	MO
<i>compro</i>	1	MO
<i>fluphenazine decanoate inj</i>	1	MO
<i>fluphenazine hcl conc, elix, inj, tabs</i>	1	MO
HALDOL DECANOATE 100 INJ	3	MO
HALDOL DECANOATE 50 INJ	3	MO
HALDOL INJ	3	MO
<i>haloperidol decanoate inj</i>	1	MO
<i>haloperidol lactate inj</i>	1	MO
<i>haloperidol conc, tabs</i>	1	MO
<i>loxapine succinate caps</i>	1	MO
<i>molindone hydrochloride tabs 25mg</i>	1	QL (270 EA per 30 days) MO
<i>molindone hydrochloride tabs 10mg</i>	1	QL (60 EA per 30 days) MO
<i>molindone hydrochloride tabs 5mg</i>	1	QL (90 EA per 30 days) MO
<i>perphenazine tabs</i>	1	MO
<i>pimozide</i>	1	MO

Drug name	Drug tier	Requirements/Limits
<i>prochlorperazine edisylate inj</i>	1	MO
<i>prochlorperazine maleate tabs</i>	1	MO
<i>prochlorperazine supp 25mg</i>	1	MO
<i>thioridazine hcl tabs 100mg, 10mg, 25mg, 50mg</i>	1	PA MO
<i>thiothixene caps 10mg, 1mg, 2mg, 5mg</i>	1	MO
<i>trifluoperazine hcl tabs</i>	1	MO
2nd Generation/Atypical		
ABILIFY MAINTENA	4	QL (1 EA per 28 days) MO
<i>aripiprazole odt</i>	4	QL (60 EA per 30 days) MO
<i>aripiprazole tabs</i>	1	QL (30 EA per 30 days) MO
<i>aripiprazole soln</i>	1	QL (900 ML per 30 days) MO
ARISTADA INJ 441MG/1.6ML	4	QL (1.6 ML per 28 days)
ARISTADA INJ 662MG/2.4ML	4	QL (2.4 ML per 28 days)
ARISTADA INJ 882MG/3.2ML	4	QL (3.2 ML per 28 days)
ARISTADA INJ 1064MG/3.9ML	4	QL (3.9 ML per 28 days)
FANAPT TITRATION PACK	3	ST
FANAPT TABS 1MG, 2MG, 4MG	3	QL (60 EA per 30 days) ST MO
FANAPT TABS 10MG, 12MG, 6MG, 8MG	4	QL (60 EA per 30 days) ST MO
GEODON INJ	3	QL (6 EA per 3 days) MO
GEODON CAPS	3	QL (60 EA per 30 days) ST MO
INVEGA SUSTENNA INJ 39MG/0.25ML	3	QL (0.25 ML per 28 days) MO
INVEGA SUSTENNA INJ 78MG/0.5ML	4	QL (0.5 ML per 28 days) MO
INVEGA SUSTENNA INJ 117MG/0.75ML	4	QL (0.75 ML per 28 days) MO
INVEGA SUSTENNA INJ 156MG/ML	4	QL (1 ML per 28 days) MO
INVEGA SUSTENNA INJ 234MG/1.5ML	4	QL (1.5 ML per 28 days) MO
INVEGA TRINZA INJ 273MG/0.875ML	4	QL (0.88 ML per 90 days)
INVEGA TRINZA INJ 410MG/1.315ML	4	QL (1.32 ML per 90 days)
INVEGA TRINZA INJ 546MG/1.75ML	4	QL (1.75 ML per 90 days)

*You can find information on what the symbols and abbreviations on this table mean by 47 going to page 8.

Drug name	Drug tier	Requirements/Limits
INVEGA TRINZA INJ 819MG/2.625ML	4	QL (2.63 ML per 90 days)
INVEGA TB24 1.5MG, 3MG, 9MG	3	QL (30 EA per 30 days) ST MO
INVEGA TB24 6MG	3	QL (60 EA per 30 days) ST MO
LATUDA TABS 20MG	3	QL (240 EA per 30 days) MO
LATUDA TABS 120MG, 40MG	3	QL (30 EA per 30 days) MO
LATUDA TABS 60MG, 80MG	3	QL (60 EA per 30 days) MO
NUPLAZID	4	QL (60 EA per 30 days) PA LA
<i>olanzapine odt</i>	1	QL (30 EA per 30 days) MO
<i>olanzapine inj</i>	1	MO
<i>olanzapine tabs 10mg, 15mg, 20mg, 5mg, 7.5mg</i>	1	QL (30 EA per 30 days) MO
<i>olanzapine tabs 2.5mg</i>	1	QL (60 EA per 30 days) MO
<i>paliperidone er tb24 1.5mg, 3mg, 9mg</i>	4	QL (30 EA per 30 days) MO
<i>paliperidone er tb24 6mg</i>	4	QL (60 EA per 30 days) MO
<i>quetiapine fumarate er tb24 50mg</i>	1	QL (180 EA per 30 days) MO
<i>quetiapine fumarate er tb24 150mg, 200mg</i>	1	QL (30 EA per 30 days) MO
<i>quetiapine fumarate er tb24 300mg, 400mg</i>	1	QL (60 EA per 30 days) MO
<i>quetiapine fumarate tabs 200mg</i>	1	QL (120 EA per 30 days) MO
<i>quetiapine fumarate tabs 25mg</i>	1	QL (180 EA per 30 days) MO
<i>quetiapine fumarate tabs 300mg, 400mg</i>	1	QL (60 EA per 30 days) MO
<i>quetiapine fumarate tabs 100mg, 50mg</i>	1	QL (90 EA per 30 days) MO
REXULTI TABS 0.5MG	4	QL (180 EA per 30 days) MO
REXULTI TABS 3MG, 4MG	4	QL (30 EA per 30 days) MO
REXULTI TABS 0.25MG	4	QL (360 EA per 30 days) MO
REXULTI TABS 2MG	4	QL (60 EA per 30 days) MO
REXULTI TABS 1MG	4	QL (90 EA per 30 days) MO
RISPERDAL CONSTA INJ 12.5MG, 25MG	3	QL (2 EA per 28 days) MO
RISPERDAL CONSTA INJ 37.5MG, 50MG	4	QL (2 EA per 28 days) MO
RISPERDAL M-TAB TBDP 4MG	3	QL (120 EA per 30 days) MO
RISPERDAL M-TAB TBDP 1MG, 2MG	3	QL (60 EA per 30 days) MO

Drug name	Drug tier	Requirements/Limits
RISPERDAL M-TAB TBDP 0.5MG, 3MG	3	QL (90 EA per 30 days) MO
RISPERDAL SOLN	3	MO
RISPERDAL TABS 4MG	3	QL (120 EA per 30 days) MO
RISPERDAL TABS 1MG, 2MG	3	QL (60 EA per 30 days) MO
RISPERDAL TABS 0.25MG, 0.5MG, 3MG	3	QL (90 EA per 30 days) MO
<i>risperidone odt tbdp 4mg</i>	1	QL (120 EA per 30 days) MO
<i>risperidone odt tbdp 1mg, 2mg</i>	1	QL (60 EA per 30 days) MO
<i>risperidone odt tbdp 0.25mg, 0.5mg, 3mg</i>	1	QL (90 EA per 30 days) MO
<i>risperidone soln</i>	1	MO
<i>risperidone tabs 4mg</i>	1	QL (120 EA per 30 days) MO
<i>risperidone tabs 1mg, 2mg</i>	1	QL (60 EA per 30 days) MO
<i>risperidone tabs 0.25mg, 0.5mg, 3mg</i>	1	QL (90 EA per 30 days) MO
SAPHRIS SUBL 5MG	3	QL (120 EA per 30 days) MO
SAPHRIS SUBL 2.5MG	3	QL (240 EA per 30 days) MO
SAPHRIS SUBL 10MG	3	QL (60 EA per 30 days) MO
VRAYLAR CPPK	3	PA MO
VRAYLAR CAPS 1.5MG	4	QL (120 EA per 30 days) PA MO
VRAYLAR CAPS 4.5MG, 6MG	4	QL (30 EA per 30 days) PA MO
VRAYLAR CAPS 3MG	4	QL (60 EA per 30 days) PA MO
<i>ziprasidone hcl</i>	1	QL (60 EA per 30 days) MO
ZYPREXA RELPREVV INJ 210MG	3	QL (2 EA per 28 days) PA
ZYPREXA RELPREVV INJ 405MG	4	QL (1 EA per 28 days) PA
ZYPREXA RELPREVV INJ 300MG	4	QL (2 EA per 28 days) PA
ZYPREXA ZYDIS	3	QL (30 EA per 30 days) ST MO
ZYPREXA INJ	3	MO
ZYPREXA TABS 10MG, 15MG, 20MG, 5MG, 7.5MG	3	QL (30 EA per 30 days) ST MO
ZYPREXA TABS 2.5MG	3	QL (60 EA per 30 days) ST MO
Treatment-Resistant		
<i>clozapine odt</i>	1	
<i>clozapine tabs 100mg, 200mg, 25mg, 50mg</i>	1	
CLOZARIL	3	ST

*You can find information on what the symbols and abbreviations on this table mean by 49 going to page 8.

Drug name	Drug tier	Requirements/Limits
FAZACLO	3	ST
VERSACLOZ	4	QL (600 ML per 30 days) PA

ANTISPASTICITY AGENTS

Antispasticity Agents

<i>baclofen tabs</i>	1	MO
<i>dantrolene sodium caps</i>	1	MO
GABLOFEN INJ 10000MCG/20ML, 40000MCG/20ML, 50MCG/ML	3	B/D
LIORESAL INTRATHECAL	3	B/D
<i>tizanidine hcl caps, tabs</i>	1	MO
ZANAFLEX CAPS	3	MO
ZANAFLEX TABS 4MG	3	MO

ANTIVIRALS

Anti-cytomegalovirus (CMV) Agents

<i>ganciclovir inj 500mg</i>	1	B/D
VALCYTE	4	MO
<i>valganciclovir hydrochloride soln</i>	4	MO
<i>valganciclovir tabs</i>	4	MO

Anti-hepatitis B (HBV) Agents

<i>adefovir dipivoxil</i>	1	QL (30 EA per 30 days) MO
BARACLUDE SOLN	4	MO
<i>entecavir</i>	1	QL (30 EA per 30 days) MO
EPIVIR HBV	3	MO
<i>lamivudine tabs 100mg</i>	1	MO

Anti-hepatitis C (HCV) Agents, Direct Acting Agents

EPCLUSA	4	QL (28 EA per 28 days) PA
HARVONI	4	QL (30 EA per 30 days) PA
SOVALDI	4	QL (28 EA per 28 days) PA

Anti-hepatitis C (HCV) Agents, Other

COPEGUS	4	
INTRON A INJ 50MU, 6000000UNIT/ML	4	B/D
<i>moderiba tabs 200mg</i>	1	
PEGASYS	4	PA
PEGASYS PROCLICK	4	PA
REBETOL SOLN	4	
RIBASPHERE RIBAPAK	3	

Drug name	Drug tier	Requirements/Limits
<i>ribasphere caps</i>	1	
RIBASPHERE TABS 400MG, 600MG	3	
<i>ribasphere tabs 200mg</i>	1	
<i>ribavirin caps 200mg</i>	1	
<i>ribavirin tabs 200mg</i>	1	
SYLATRON	4	PA
Anti-HIV Agents, Integrase Inhibitors (INSTI)		
ATRIPLA	4	MO
GENVOYA	4	MO
ISENTRESS PACK	4	
ISENTRESS TABS	4	MO
ISENTRESS CHEW 25MG	2	MO
ISENTRESS CHEW 100MG	4	MO
TIVICAY TABS 10MG	2	MO
TIVICAY TABS 25MG, 50MG	4	MO
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)		
COMPLERA	4	MO
EDURANT	4	MO
INTELENCE TABS 25MG	3	
INTELENCE TABS 100MG, 200MG	4	MO
<i>nevirapine er</i>	1	MO
<i>nevirapine susp</i>	1	
<i>nevirapine tabs</i>	1	MO
ODEFSEY	4	MO
RESCRIPTOR	3	MO
STRIBILD	4	MO
SUSTIVA TABS	4	MO
SUSTIVA CAPS 50MG	2	MO
SUSTIVA CAPS 200MG	4	MO
VIRAMUNE	3	MO
VIRAMUNE XR	3	MO
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)		
<i>abacavir</i>	1	MO
<i>abacavir sulfate/lamivudine/ zidovudine</i>	4	MO
<i>abacavir/lamivudine</i>	4	MO

*You can find information on what the symbols and abbreviations on this table mean by 51 going to page 8.

Drug name	Drug tier	Requirements/Limits
DESCOVY	4	MO
<i>didanosine</i>	1	MO
EMTRIVA	2	MO
EPIVIR	3	MO
EPZICOM	4	MO
<i>lamivudine/zidovudine</i>	1	MO
<i>lamivudine soln 10mg/ml</i>	1	MO
<i>lamivudine tabs 150mg, 300mg</i>	1	MO
RETROVIR IV INFUSION	2	
RETROVIR CAPS, SYRP	3	MO
<i>stavudine caps</i>	1	MO
TRIUMEQ	4	MO
TRUVADA TABS 133MG; 200MG, 167MG; 250MG, 200MG; 300MG	4	QL (30 EA per 30 days) MO
TRUVADA TABS 100MG; 150MG	4	QL (60 EA per 30 days) MO
VIDEX EC	3	MO
VIDEX PEDIATRIC	3	MO
VIREAD	4	MO
ZERIT SOLR	3	MO
ZIAGEN SOLN	2	MO
<i>zidovudine</i>	1	MO
Anti-HIV Agents, Other		
FUZEON	4	
ISENTRESS HD	4	
SELZENTRY TABS 25MG	3	QL (240 EA per 30 days)
SELZENTRY TABS 150MG, 300MG	4	MO
SELZENTRY TABS 75MG	4	QL (60 EA per 30 days)
TYBOST	2	MO
Anti-HIV Agents, Protease Inhibitors		
APTIVUS SOLN	4	
APTIVUS CAPS	4	MO
CRIXIVAN CAPS 200MG, 400MG	3	MO
EVOTAZ	4	MO
INVIRASE	4	MO
KALETRA SOLN	4	MO
KALETRA TABS 100MG; 25MG	2	MO
KALETRA TABS 200MG; 50MG	4	MO

Drug name	Drug tier	Requirements/Limits
LEXIVA SUSP	3	MO
LEXIVA TABS	4	MO
<i>lopinavir/ritonavir</i>	1	MO
NORVIR CAPS	2	
NORVIR SOLN, TABS	2	MO
PREZCOBIX	4	MO
PREZISTA SUSP	4	MO
PREZISTA TABS 150MG, 75MG	2	MO
PREZISTA TABS 600MG, 800MG	4	MO
REYATAZ	4	MO
VIRACEPT	4	MO
Anti-influenza Agents		
<i>oseltamivir phosphate</i>	1	MO
RELENZA DISKHALER	2	MO
<i>rimantadine hcl</i>	1	MO
TAMIFLU CAPS	2	MO
TAMIFLU SUSR 6MG/ML	2	MO
Antiherpetic Agents		
<i>acyclovir sodium inj 50mg/ml</i>	1	B/D
<i>acyclovir caps, oint, susp, tabs</i>	1	MO
DENAVIR	3	MO
<i>famciclovir tabs 500mg</i>	1	QL (21 EA per 30 days) MO
<i>famciclovir tabs 125mg, 250mg</i>	1	QL (60 EA per 30 days) MO
FAMVIR TABS 500MG	3	QL (21 EA per 30 days) MO
FAMVIR TABS 125MG, 250MG	3	QL (60 EA per 30 days) MO
<i>valacyclovir hcl</i>	1	MO
VALTREX	3	MO
ZOVIRAX CAPS, CREA, OINT, SUSP	3	MO

ANXIOLYTICS

Anxiolytics, Other

<i>bupirone hcl tabs</i>	1	MO
<i>meprobamate</i>	1	PA MO

Benzodiazepines

<i>alprazolam er tb24 0.5mg, 1mg</i>	1	QL (30 EA per 30 days) MO
<i>alprazolam er tb24 3mg</i>	1	QL (60 EA per 30 days) MO
<i>alprazolam er tb24 2mg</i>	1	QL (90 EA per 30 days) MO
<i>alprazolam intensol oral soln conc</i>	1	QL (300 ML per 30 days) MO

*You can find information on what the symbols and abbreviations on this table mean by 53 going to page 8.

Drug name	Drug tier	Requirements/Limits
<i>alprazolam odt tbdp 0.5mg, 1mg</i>	1	MO
<i>alprazolam odt tbdp 0.25mg</i>	1	QL (120 EA per 30 days) MO
<i>alprazolam odt tbdp 2mg</i>	1	QL (150 EA per 30 days) MO
<i>alprazolam immediate release tabs 0.25mg, 0.5mg</i>	1	QL (120 EA per 30 days) MO
<i>alprazolam immediate release tabs 1mg, 2mg</i>	1	QL (150 EA per 30 days) MO
<i>chlordiazepoxide hcl</i>	1	QL (120 EA per 30 days) MO
<i>clorazepate dipotassium tabs 15mg</i>	1	QL (180 EA per 30 days) MO
<i>clorazepate dipotassium tabs 3.75mg, 7.5mg</i>	1	QL (90 EA per 30 days) MO
<i>diazepam intensol oral soln conc 5mg/ml</i>	1	MO
<i>diazepam inj 5mg/ml</i>	1	QL (240 ML per 30 days) MO
<i>diazepam oral soln 1mg/ml</i>	1	QL (1200 ML per 30 days) MO
<i>diazepam tabs 10mg, 2mg, 5mg</i>	1	QL (120 EA per 30 days) MO
<i>flurazepam hcl</i>	1	QL (30 EA per 30 days) MO
HALCION TABS 0.25MG	3	QL (60 EA per 30 days) MO
<i>lorazepam intensol oral soln conc</i>	1	QL (150 ML per 30 days) MO
<i>lorazepam inj 4mg/ml</i>	1	QL (120 ML per 30 days)
<i>lorazepam inj 2mg/ml</i>	1	QL (120 ML per 30 days) MO
<i>lorazepam tabs 0.5mg</i>	1	QL (120 EA per 30 days) MO
<i>lorazepam tabs 2mg</i>	1	QL (150 EA per 30 days) MO
<i>lorazepam tabs 1mg</i>	1	QL (180 EA per 30 days) MO
<i>oxazepam</i>	1	QL (120 EA per 30 days) MO
RESTORIL	3	QL (30 EA per 30 days) MO
<i>temazepam</i>	1	QL (30 EA per 30 days) MO
TRANXENE T TABS 7.5MG	3	MO
<i>triazolam</i>	1	QL (60 EA per 30 days) MO
VALIUM TABS	3	QL (120 EA per 30 days) MO
XANAX XR TB24 0.5MG, 1MG	3	QL (30 EA per 30 days) ST MO
XANAX XR TB24 3MG	3	QL (60 EA per 30 days) ST MO
XANAX XR TB24 2MG	3	QL (90 EA per 30 days) ST MO
XANAX TABS 0.25MG, 0.5MG	3	QL (120 EA per 30 days) ST MO
XANAX TABS 1MG, 2MG	3	QL (150 EA per 30 days) ST MO

Drug name	Drug tier	Requirements/Limits
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BIPOLAR AGENTS

Mood Stabilizers

EQUETRO	3	MO
<i>lithium carbonate er tabs</i>	1	MO
<i>lithium carbonate caps, tabs</i>	1	MO
<i>lithium oral soln</i>	1	MO
LITHOBID	3	MO

BLOOD GLUCOSE REGULATORS

Antidiabetic Agents

<i>acarbose</i>	1	QL (90 EA per 30 days) MO
ACTOPLUS MET IMMEDIATE RELEASE TABS	3	QL (90 EA per 30 days) MO
ACTOS	3	QL (30 EA per 30 days) MO
AMARYL	3	MO
AVANDIA TABS 2MG, 4MG	3	QL (60 EA per 30 days) MO
BYDUREON	2	QL (4 EA per 28 days) MO
BYDUREON PEN	2	QL (4 EA per 28 days) MO
BYETTA INJ 5MCG/0.02ML	3	QL (1.2 ML per 30 days) MO
BYETTA INJ 10MCG/0.04ML	3	QL (2.4 ML per 30 days) MO
CYCLOSET	3	QL (180 EA per 30 days) PA MO
DUETACT	3	QL (30 EA per 30 days) MO
FARXIGA TABS 10MG	2	QL (30 EA per 30 days) MO
FARXIGA TABS 5MG	2	QL (60 EA per 30 days) MO
FORTAMET TB24 1000MG	3	PA MO
<i>glimepiride</i>	1	MO
<i>glipizide er</i>	1	MO
<i>glipizide xl</i>	1	MO
<i>glipizide/metformin hcl</i>	1	MO
<i>glipizide tabs</i>	1	MO
GLUCOPHAGE	3	MO
GLUCOPHAGE XR	3	MO
GLUCOTROL	3	MO
GLUCOTROL XL	3	MO
GLUCOVANCE TABS 2.5MG; 500MG, 5MG; 500MG	3	PA MO
<i>glyburide micronized</i>	1	PA MO
<i>glyburide/metformin hcl</i>	1	PA MO

*You can find information on what the symbols and abbreviations on this table mean by 55 going to page 8.

Drug name	Drug tier	Requirements/Limits
<i>glyburide tabs</i>	1	PA MO
GLYNASE	3	PA MO
INVOKAMET XR TB24 50MG; 500MG	2	QL (120 EA per 30 days) MO
INVOKAMET XR TB24 150MG; 1000MG, 150MG; 500MG, 50MG; 1000MG	2	QL (60 EA per 30 days) MO
INVOKAMET TABS 50MG; 500MG	2	QL (120 EA per 30 days) MO
INVOKAMET TABS 150MG; 1000MG, 150MG; 500MG, 50MG; 1000MG	2	QL (60 EA per 30 days) MO
INVOKANA TABS 300MG	2	QL (30 EA per 30 days) MO
INVOKANA TABS 100MG	2	QL (90 EA per 30 days) MO
JANUMET	2	QL (60 EA per 30 days) MO
JANUMET XR TB24 1000MG; 100MG	2	QL (30 EA per 30 days) MO
JANUMET XR TB24 1000MG; 50MG, 500MG; 50MG	2	QL (60 EA per 30 days) MO
JANUVIA	2	QL (30 EA per 30 days) MO
JENTADUETO	2	QL (60 EA per 30 days) MO
JENTADUETO XR TB24 5MG; 1000MG	2	QL (30 EA per 30 days) MO
JENTADUETO XR TB24 2.5MG; 1000MG	2	QL (60 EA per 30 days) MO
KORLYM	4	PA LA
<i>metformin hcl er tb24 (generic Glucophage XR) 500mg, 750mg</i>	1	MO
<i>metformin hcl er tb24 (generic Fortamet) 500mg</i>	1	PA MO
<i>metformin hcl er tb24 (generic Glumetza) 500mg</i>	1	QL (150 EA per 30 days) PA MO
<i>metformin hcl tabs</i>	1	MO
<i>miglitol</i>	1	QL (90 EA per 30 days) MO
<i>nateglinide</i>	1	MO
<i>pioglitazone hcl</i>	1	QL (30 EA per 30 days) MO
<i>pioglitazone hcl-glimepiride</i>	1	QL (30 EA per 30 days) MO
<i>pioglitazone hcl/metformin hcl</i>	1	QL (90 EA per 30 days) MO
PRANDIN TABS 0.5MG, 1MG	3	QL (120 EA per 30 days) MO
PRANDIN TABS 2MG	3	QL (240 EA per 30 days) MO

Drug name	Drug tier	Requirements/Limits
PRECOSE	3	QL (90 EA per 30 days) MO
<i>repaglinide/metformin hydrochloride</i>	1	QL (150 EA per 30 days) MO
<i>repaglinide tabs 0.5mg, 1mg</i>	1	QL (120 EA per 30 days) MO
<i>repaglinide tabs 2mg</i>	1	QL (240 EA per 30 days) MO
RIOMET	3	MO
STARLIX	3	MO
SYMLINPEN 120	4	QL (10.8 ML per 30 days) PA MO
SYMLINPEN 60	4	QL (12 ML per 30 days) PA MO
<i>tolazamide tabs 250mg, 500mg</i>	1	MO
<i>tolbutamide</i>	1	MO
TRADJENTA	2	QL (30 EA per 30 days) MO
TRULICITY	3	QL (4 ML per 28 days) MO
VICTOZA	2	QL (9 ML per 30 days) MO
XIGDUO XR TB24 10MG; 1000MG, 10MG; 500MG	2	QL (30 EA per 30 days) MO
XIGDUO XR TB24 5MG; 1000MG, 5MG; 500MG	2	QL (60 EA per 30 days) MO
<i>Glycemic Agents</i>		
GLUCAGEN HYPOKIT	2	MO
GLUCAGON EMERGENCY KIT	2	MO
PROGLYCEM	3	MO
<i>Insulins</i>		
HUMULIN R U-500 (CONCENTRATED)	4	B/D MO
HUMULIN R U-500 KWIKPEN	4	MO
LANTUS	2	MO
LANTUS SOLOSTAR	2	MO
LEVEMIR	2	MO
LEVEMIR FLEXTOUCH	2	MO
NOVOLIN 70/30	2	MO
NOVOLIN N	2	MO
NOVOLIN R	2	MO
NOVOLOG	2	MO
NOVOLOG FLEXPEN	2	MO
NOVOLOG MIX 70/30	2	MO

*You can find information on what the symbols and abbreviations on this table mean by 57 going to page 8.

Drug name	Drug tier	Requirements/Limits
NOVOLOG MIX 70/30 PREFILLED FLEXPEN	2	MO
NOVOLOG PENFILL	2	MO
TOUJEO SOLOSTAR	2	MO
TRESIBA FLEXTOUCH	2	MO

BLOOD PRODUCTS/MODIFIERS/VOLUME EXPANDERS

Anticoagulants

COUMADIN TABS	3	MO
ELIQUIS	2	MO
<i>enoxaparin sodium</i>	1	MO
<i>fondaparinux sodium</i>	1	MO
FRAGMIN INJ	3	MO
HEPARIN SODIUM/D5W INJ 100UNIT/ML	3	
<i>heparin sodium/d5w inj 40unit/ml, 50unit/ml</i>	1	
HEPARIN SODIUM/NAACL 0.45%	3	
<i>heparin sodium inj 10000unit/ml, 1000unit/ml, 20000unit/ml, 5000unit/0.5ml, 5000unit/ml</i>	1	MO
<i>jantoven</i>	1	MO
LOVENOX INJ 30MG/0.3ML, 40MG/0.4ML, 60MG/0.6ML, 80MG/0.8ML	3	MO
LOVENOX INJ 100MG/ML, 120MG/0.8ML, 150MG/ML, 300MG/3ML	4	MO
PRADAXA	3	MO
<i>warfarin sodium tabs</i>	1	MO
ZONTIVITY	3	

Blood Formation Modifiers

<i>anagrelide hydrochloride</i>	1	MO
ARANESP ALBUMIN FREE INJ 60MCG/0.3ML	3	QL (1.2 ML per 28 days) PA
ARANESP ALBUMIN FREE INJ 40MCG/0.4ML	3	QL (1.6 ML per 28 days) PA
ARANESP ALBUMIN FREE INJ 25MCG/0.42ML	3	QL (1.68 ML per 28 days) PA

Drug name	Drug tier	Requirements/Limits
ARANESP ALBUMIN FREE INJ 100MCG/0.5ML	3	QL (2 ML per 28 days) PA
ARANESP ALBUMIN FREE INJ 10MCG/0.4ML	3	QL (3.2 ML per 28 days) PA
ARANESP ALBUMIN FREE INJ 100MCG/ML, 25MCG/ML, 40MCG/ML, 60MCG/ML	3	QL (4 ML per 28 days) PA
ARANESP ALBUMIN FREE INJ 500MCG/ML	4	QL (1 ML per 21 days) PA
ARANESP ALBUMIN FREE INJ 150MCG/0.3ML	4	QL (1.2 ML per 28 days) PA
ARANESP ALBUMIN FREE INJ 200MCG/0.4ML	4	QL (1.6 ML per 28 days) PA
ARANESP ALBUMIN FREE INJ 300MCG/0.6ML	4	QL (2.4 ML per 28 days) PA
ARANESP ALBUMIN FREE INJ 200MCG/ML, 300MCG/ML	4	QL (4 ML per 28 days) PA
<i>azacitidine</i>	4	PA
GRANIX	4	PA
MOZOBIL	4	PA
NEULASTA INJ	4	PA
NEUPOGEN	4	PA
PROCRIT INJ 10000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	2	PA
PROCRIT INJ 20000UNIT/ML, 40000UNIT/ML	4	PA
PROMACTA TABS 25MG	4	QL (180 EA per 30 days) PA LA
PROMACTA TABS 12.5MG	4	QL (360 EA per 30 days) PA LA
PROMACTA TABS 75MG	4	QL (60 EA per 30 days) PA LA
PROMACTA TABS 50MG	4	QL (90 EA per 30 days) PA LA
Hemostasis Agents		
LYSTEDA	3	QL (30 EA per 30 days) MO
<i>tranexamic acid inj</i>	1	
<i>tranexamic acid tabs</i>	1	QL (30 EA per 30 days) MO
Platelet Modifying Agents		
AGGRENEX	3	QL (60 EA per 30 days) ST MO
<i>aspirin/dipyridamole</i>	1	QL (60 EA per 30 days) MO
BRILINTA	2	MO

*You can find information on what the symbols and abbreviations on this table mean by 59 going to page 8.

Drug name	Drug tier	Requirements/Limits
<i>cilostazol</i>	1	MO
<i>clopidogrel tabs 300mg</i>	1	QL (2 EA per 365 days)
<i>clopidogrel tabs 75mg</i>	1	QL (30 EA per 30 days) MO
<i>dipyridamole tabs</i>	1	PA MO
DURLAZA	3	QL (30 EA per 30 days) MO
EFFIENT	3	MO
PLAVIX TABS 300MG	3	QL (2 EA per 365 days) ST
PLAVIX TABS 75MG	3	QL (30 EA per 30 days) ST MO

CARDIOVASCULAR AGENTS

Alpha-adrenergic Agonists

CATAPRES TABS	3	MO
CATAPRES-TTS-1 PATCHES	3	QL (8 EA per 28 days) MO
CATAPRES-TTS-2 PATCHES	3	QL (8 EA per 28 days) MO
CATAPRES-TTS-3 PATCHES	3	QL (8 EA per 28 days) MO
<i>clonidine hcl immediate release tabs</i>	1	MO
<i>clonidine hcl weekly patch</i>	1	QL (8 EA per 28 days) MO
<i>guanfacine hcl</i>	1	PA MO
<i>methyldopa tabs 250mg, 500mg</i>	1	PA MO
<i>midodrine hcl</i>	1	MO
NORTHERA	4	PA LA
TENEX	3	PA MO

Alpha-adrenergic Blocking Agents

CARDURA	3	MO
<i>doxazosin mesylate tabs 4mg</i>	1	MO
<i>doxazosin mesylate tabs 1mg, 2mg, 8mg</i>	1	MO
MINIPRESS	3	MO
<i>prazosin hcl caps</i>	1	MO
<i>terazosin hcl caps</i>	1	MO

Angiotensin II Receptor Antagonists

<i>amlodipine besylate/valsartan</i>	1	QL (30 EA per 30 days) MO
<i>amlodipine/olmesartan medoxomil</i>	1	QL (30 EA per 30 days) MO
<i>amlodipine/valsartan/hctz</i>	1	QL (30 EA per 30 days) MO
ATACAND	3	QL (30 EA per 30 days) ST MO
ATACAND HCT TABS 32MG; 12.5MG, 32MG; 25MG	3	QL (30 EA per 30 days) ST MO

Drug name	Drug tier	Requirements/Limits
ATACAND HCT TABS 16MG; 12.5MG	3	QL (60 EA per 30 days) ST MO
AVALIDE	3	QL (30 EA per 30 days) ST MO
AVAPRO	3	QL (30 EA per 30 days) ST MO
AZOR	3	QL (30 EA per 30 days) ST MO
BENICAR	3	QL (30 EA per 30 days) MO
BENICAR HCT	3	QL (30 EA per 30 days) MO
<i>candesartan cilexetil</i>	1	QL (30 EA per 30 days) MO
<i>candesartan cilexetil/ hydrochlorothiazide tabs 32mg; 12.5mg, 32mg; 25mg</i>	1	QL (30 EA per 30 days) MO
<i>candesartan cilexetil/ hydrochlorothiazide tabs 16mg; 12.5mg</i>	1	QL (60 EA per 30 days) MO
COZAAR TABS 100MG	3	QL (30 EA per 30 days) ST MO
COZAAR TABS 25MG, 50MG	3	QL (60 EA per 30 days) ST MO
DIOVAN HCT	3	QL (30 EA per 30 days) ST MO
DIOVAN TABS 320MG	3	QL (30 EA per 30 days) ST MO
DIOVAN TABS 160MG, 40MG, 80MG	3	QL (60 EA per 30 days) ST MO
EDARBI	3	QL (30 EA per 30 days) MO
<i>eprosartan mesylate</i>	1	QL (30 EA per 30 days) MO
EXFORGE	3	QL (30 EA per 30 days) ST MO
EXFORGE HCT	3	QL (30 EA per 30 days) ST MO
HYZAAR	3	QL (30 EA per 30 days) ST MO
<i>irbesartan</i>	1	QL (30 EA per 30 days) MO
<i>irbesartan/hydrochlorothiazide</i>	1	QL (30 EA per 30 days) MO
<i>losartan potassium/ hydrochlorothiazide</i>	1	QL (30 EA per 30 days) MO
<i>losartan potassium tabs 100mg</i>	1	QL (30 EA per 30 days) MO
<i>losartan potassium tabs 25mg, 50mg</i>	1	QL (60 EA per 30 days) MO
MICARDIS	3	QL (30 EA per 30 days) ST MO
MICARDIS HCT	3	QL (30 EA per 30 days) ST MO
<i>olmesartan medoxomil/ hydrochlorothiazide</i>	1	QL (30 EA per 30 days) MO
<i>olmesartan medoxomil tabs</i>	1	QL (30 EA per 30 days) MO
<i>telmisartan</i>	1	QL (30 EA per 30 days) MO
<i>telmisartan/amlodipine</i>	1	QL (30 EA per 30 days) MO

*You can find information on what the symbols and abbreviations on this table mean by 61 going to page 8.

Drug name	Drug tier	Requirements/Limits
<i>telmisartan/hydrochlorothiazide</i>	1	QL (30 EA per 30 days) MO
TRIBENZOR	3	QL (30 EA per 30 days) ST MO
TWYNSTA	3	QL (30 EA per 30 days) ST MO
<i>valsartan/hydrochlorothiazide</i>	1	QL (30 EA per 30 days) MO
<i>valsartan tabs 320mg</i>	1	QL (30 EA per 30 days) MO
<i>valsartan tabs 160mg, 40mg, 80mg</i>	1	QL (60 EA per 30 days) MO
Angiotensin-converting Enzyme (ACE) Inhibitors		
ACCUPRIL	3	MO
ACCURETIC	3	MO
ALTACE CAPS	3	MO
<i>benazepril hcl/hydrochlorothiazide</i>	1	MO
<i>benazepril hcl tabs</i>	1	MO
<i>captopril/hydrochlorothiazide</i>	1	MO
<i>captopril tabs</i>	1	MO
<i>enalapril maleate/ hydrochlorothiazide</i>	1	MO
<i>enalapril maleate tabs</i>	1	MO
EPANED SOLN RECONSTITUTED	3	MO
<i>fosinopril sodium</i>	1	MO
<i>fosinopril sodium/ hydrochlorothiazide</i>	1	MO
<i>lisinopril/hydrochlorothiazide</i>	1	MO
<i>lisinopril tabs</i>	1	MO
LOTENSIN TABS 20MG, 40MG	3	MO
MAVIK TABS 1MG, 2MG	3	MO
<i>moexipril hcl</i>	1	MO
<i>moexipril/hydrochlorothiazide</i>	1	MO
<i>perindopril erbumine</i>	1	MO
PRINIVIL TABS 10MG, 20MG, 5MG	3	MO
<i>quinapril</i>	1	MO
<i>quinapril/hydrochlorothiazide</i>	1	MO
<i>ramipril</i>	1	MO
TARKA	3	MO
<i>trandolapril</i>	1	MO
<i>trandolapril/verapamil hcl er</i>	1	MO
VASOTEC	3	MO
ZESTORETIC	3	MO

Drug name	Drug tier	Requirements/Limits
ZESTRIL	3	MO
Antiarrhythmics		
<i>amiodarone hcl tabs</i>	1	MO
<i>amiodarone hcl inj 50mg/ml</i>	1	
<i>disopyramide phosphate caps</i>	1	PA MO
<i>dofetilide</i>	1	
<i>flecainide acetate</i>	1	MO
<i>lidocaine hcl in d5w inj 4mg/ml</i>	1	
<i>lidocaine hcl inj 20mg/ml</i>	1	
<i>lidocaine hcl inj 10mg/ml</i>	1	MO
<i>mexiletine hcl</i>	1	MO
MULTAQ	3	MO
NORPACE	3	PA MO
NORPACE CR	3	PA MO
<i>pacerone tabs 100mg, 200mg, 400mg</i>	1	
<i>propafenone hcl er caps</i>	1	MO
<i>propafenone hcl tabs</i>	1	MO
<i>quinidine gluconate cr tabs</i>	1	MO
<i>quinidine gluconate er tabs</i>	1	MO
<i>quinidine sulfate tabs</i>	1	MO
RYTHMOL SR	3	MO
<i>sorine</i>	1	
<i>sotalol af</i>	1	MO
<i>sotalol hcl</i>	1	MO
TIKOSYN	3	ST
Beta-adrenergic Blocking Agents		
<i>acebutolol hcl caps</i>	1	MO
<i>atenolol/chlorthalidone</i>	1	MO
<i>atenolol tabs</i>	1	MO
<i>betaxolol hcl tabs 10mg, 20mg</i>	1	MO
<i>bisoprolol fumarate</i>	1	MO
<i>bisoprolol fumarate/ hydrochlorothiazide</i>	1	MO
BYSTOLIC	3	MO
<i>carvedilol</i>	1	MO
COREG	3	MO

*You can find information on what the symbols and abbreviations on this table mean by 63 going to page 8.

Drug name	Drug tier	Requirements/Limits
COREG CR	3	QL (30 EA per 30 days) MO
CORGARD TABS 20MG, 40MG, 80MG	3	MO
INDERAL LA	3	MO
INNOPRAN XL	3	MO
<i>labetalol hcl inj, tabs</i>	1	MO
LOPRESSOR TABS	3	MO
<i>metoprolol succinate er</i>	1	MO
<i>metoprolol tartrate tabs</i>	1	MO
<i>metoprolol tartrate inj</i>	1	MO
<i>metoprolol/hydrochlorothiazide</i>	1	MO
<i>nadolol/bendroflumethiazide</i>	1	MO
<i>nadolol tabs 20mg, 40mg, 80mg</i>	1	MO
<i>pindolol tabs</i>	1	MO
<i>propranolol hcl er caps</i>	1	MO
<i>propranolol hcl inj</i>	1	
<i>propranolol hcl oral soln, tabs</i>	1	MO
<i>propranolol/hydrochlorothiazide</i>	1	MO
SECTRAL	3	MO
TENORMIN TABS	3	MO
<i>timolol maleate tabs 10mg, 20mg, 5mg</i>	1	MO
TOPROL XL	3	ST MO
ZIAC	3	MO
Calcium Channel Blocking Agents		
ADALAT CC	3	MO
<i>afeditab cr</i>	1	
<i>amlodipine besylate/atorvastatin calcium</i>	1	MO
<i>amlodipine besylate/benazepril hydrochloride</i>	1	QL (30 EA per 30 days) MO
<i>amlodipine besylate tabs</i>	1	MO
CADUET TABS 10MG; 10MG, 10MG; 20MG, 10MG; 40MG, 10MG; 80MG, 5MG; 10MG, 5MG; 20MG, 5MG; 40MG, 5MG; 80MG	3	ST MO
CALAN SR	3	MO
CALAN TABS 120MG, 80MG	3	MO

Drug name	Drug tier	Requirements/Limits
CARDIZEM CD CP24 120MG, 240MG, 360MG	3	MO
CARDIZEM LA	3	MO
CARDIZEM TABS 120MG, 30MG, 60MG	3	MO
<i>cartia xt</i>	1	
<i>dilt-xr cp24 180mg, 240mg</i>	1	
<i>dilt-xr cp24 120mg</i>	1	MO
<i>diltiazem cd cp24 180mg</i>	1	
<i>diltiazem cd cp24 120mg, 240mg, 300mg</i>	1	MO
<i>diltiazem cd cp24 360mg</i>	1	MO
<i>diltiazem hcl er</i>	1	MO
<i>diltiazem hcl immediate release tabs</i>	1	MO
<i>diltiazem hcl inj 100mg, 125mg/25ml, 25mg/5ml, 50mg/10ml</i>	1	
<i>felodipine er</i>	1	MO
<i>isradipine</i>	1	MO
LOTREL CAPS 10MG; 20MG, 10MG; 40MG, 5MG; 10MG, 5MG; 20MG	3	QL (30 EA per 30 days) MO
<i>matzim la</i>	1	MO
<i>nicardipine hcl caps</i>	1	MO
<i>nifedical xl tb24 60mg</i>	1	
<i>nifedipine er</i>	1	MO
<i>nifedipine caps</i>	1	PA MO
<i>nimodipine caps</i>	1	MO
<i>nisoldipine er</i>	1	MO
NORVASC	3	MO
PROCARDIA XL	3	MO
PROCARDIA CAPS 10MG	3	PA MO
SULAR TB24 17MG, 34MG, 8.5MG	3	MO
<i>taztia xt</i>	1	
TIAZAC	3	MO
<i>verapamil hcl er tabs, caps</i>	1	MO
<i>verapamil hcl sr caps</i>	1	MO

*You can find information on what the symbols and abbreviations on this table mean by 65 going to page 8.

Drug name	Drug tier	Requirements/Limits
<i>verapamil hcl sr tbc</i> 240mg	1	MO
<i>verapamil hcl tabs</i>	1	MO
<i>verapamil hcl inj</i>	1	MO
VERELAN	3	MO
VERELAN PM	3	MO
Cardiovascular Agents, Other		
CORLANOR	3	ST MO
DEMSER	4	MO
<i>digitek</i>	1	
<i>digox</i>	1	
DIGOXIN ORAL SOLN	2	MO
<i>digoxin inj 0.25mg/ml</i>	1	MO
<i>digoxin tabs 125mcg, 250mcg</i>	1	MO
ENTRESTO	2	MO
LANOXIN PEDIATRIC	3	
LANOXIN INJ	3	MO
LANOXIN TABS 125MCG, 187.5MCG, 250MCG, 62.5MCG	3	MO
<i>pentoxifylline cr</i>	1	MO
<i>pentoxifylline er</i>	1	MO
RANEXA	2	MO
TEKTURNA	3	QL (30 EA per 30 days) MO
TEKTURNA HCT	3	QL (30 EA per 30 days) MO
Diuretics, Carbonic Anhydrase Inhibitors		
<i>acetazolamide er caps</i>	1	MO
<i>acetazolamide tabs</i>	1	MO
DIAMOX SEQUELS ER CAPS	3	MO
<i>methazolamide</i>	1	MO
Diuretics, Loop		
<i>bumetanide inj, tabs</i>	1	MO
DEMADEX TABS 10MG, 20MG	3	MO
<i>furosemide oral soln, tabs</i>	1	MO
<i>furosemide inj</i>	1	MO
LASIX TABS	3	MO
<i>torseamide tabs</i>	1	MO
Diuretics, Potassium-sparing		
ALDACTONE	3	MO

Drug name	Drug tier	Requirements/Limits
<i>amiloride tabs</i>	1	MO
<i>amiloride/hydrochlorothiazide</i>	1	MO
DYAZIDE	3	MO
DYRENIUM	3	MO
<i>eplerenone</i>	1	MO
INSPRA	3	MO
MAXZIDE	3	MO
MAXZIDE-25	3	MO
<i>spironolactone/ hydrochlorothiazide</i>	1	MO
<i>spironolactone tabs</i>	1	MO
<i>triamterene/hydrochlorothiazide</i>	1	MO
Diuretics, Thiazide		
<i>chlorothiazide tabs</i>	1	MO
<i>chlorthalidone tabs 25mg, 50mg</i>	1	MO
DIURIL SUSP	3	MO
<i>hydrochlorothiazide caps, tabs</i>	1	MO
<i>indapamide tabs</i>	1	MO
<i>methyclothiazide tabs</i>	1	MO
<i>metolazone</i>	1	MO
MICROZIDE	3	MO
Dyslipidemics, Fibrin Acid Derivatives		
ANTARA CAPS 30MG, 90MG	3	MO
<i>fenofibrate micronized</i>	1	MO
<i>fenofibrate caps 130mg, 150mg, 43mg, 50mg</i>	1	MO
<i>fenofibrate tabs</i>	1	MO
<i>fenofibric acid dr caps</i>	1	MO
FENOFIBRIC ACID TABS 105MG	2	MO
<i>fenofibric acid tabs 35mg</i>	1	MO
FENOGLIDE	3	MO
<i>gemfibrozil tabs</i>	1	MO
LIPOFEN	3	MO
LOFIBRA CAPS 134MG, 67MG	3	MO
LOPID TABS	3	MO
TRICOR TABS 145MG, 48MG	3	MO
TRIGLIDE TABS 160MG	3	MO

*You can find information on what the symbols and abbreviations on this table mean by 67 going to page 8.

Drug name	Drug tier	Requirements/Limits
TRILIPIX	3	MO
<i>Dyslipidemics, HMG CoA Reductase Inhibitors</i>		
ALTOPREV TB24 40MG	3	QL (30 EA per 30 days) ST MO
ALTOPREV TB24 20MG	3	QL (60 EA per 30 days) ST MO
<i>atorvastatin calcium</i>	1	QL (30 EA per 30 days) MO
CRESTOR	3	QL (30 EA per 30 days) ST MO
<i>fluvastatin caps</i>	1	QL (60 EA per 30 days) MO
<i>fluvastatin er tabs</i>	1	QL (30 EA per 30 days) MO
LESCOL XL	3	QL (30 EA per 30 days) ST MO
LIPITOR	3	QL (30 EA per 30 days) MO
LIVALO	3	QL (30 EA per 30 days) MO
<i>lovastatin</i>	1	MO
PRAVACHOL TABS 20MG, 40MG, 80MG	3	QL (30 EA per 30 days) MO
<i>pravastatin sodium</i>	1	QL (30 EA per 30 days) MO
<i>rosuvastatin calcium</i>	1	QL (30 EA per 30 days) MO
<i>simvastatin tabs</i>	1	QL (30 EA per 30 days) MO
ZOCOR	3	QL (30 EA per 30 days) MO
<i>Dyslipidemics, Other</i>		
<i>cholestyramine light</i>	1	MO
<i>cholestyramine pack, powd</i>	1	MO
COLESTID FLAVORED GRAN 5GM	3	MO
COLESTID GRAN, TABS	3	MO
<i>colestipol hcl</i>	1	MO
<i>ezetimibe</i>	1	MO
<i>ezetimibe/simvastatin</i>	1	QL (30 EA per 30 days) ST
JUXTAPID	4	PA LA
KYNAMRO	4	PA
LOVAZA	3	QL (120 EA per 30 days) MO
<i>niacin er tabs 500mg, 750mg, 1000mg</i>	1	MO
NIACOR	3	MO
NIASPAN TBCR 1000MG, 500MG, 750MG	3	ST MO
<i>omega-3-acid ethyl esters caps 1gm</i>	1	QL (120 EA per 30 days) MO
PRALUENT	4	PA
<i>prevalite</i>	1	MO

Drug name	Drug tier	Requirements/Limits
QUESTRAN PACK, POWD	3	MO
VASCEPA	3	MO
VYTORIN	3	QL (30 EA per 30 days) ST MO
WELCHOL	2	MO
ZETIA	2	MO
Vasodilators, Direct-acting Arterial/Venous		
BIDIL	3	MO
ISORDIL TITRADOSE TABS 40MG, 5MG	3	MO
<i>isosorbide dinitrate er tabs 40mg</i>	1	MO
<i>isosorbide dinitrate tabs 10mg, 20mg, 30mg, 5mg</i>	1	MO
<i>isosorbide mononitrate</i>	1	MO
<i>isosorbide mononitrate er</i>	1	MO
<i>minitran</i>	1	
NITRO-BID	2	MO
NITRO-DUR	3	MO
<i>nitroglycerin lingual spray</i>	1	MO
<i>nitroglycerin transdermal</i>	1	MO
<i>nitroglycerin inj 5mg/ml</i>	1	
<i>nitroglycerin subl 0.3mg, 0.4mg, 0.6mg</i>	1	MO
NITROLINGUAL PUMPSPRAY	3	MO
NITROMIST	3	MO
NITROSTAT SUBL	2	MO
Vasodilators, Direct-acting Arterial		
<i>hydralazine hcl inj, tabs</i>	1	MO
<i>minoxidil tabs</i>	1	MO

CENTRAL NERVOUS SYSTEM AGENTS

Attention Deficit Hyperactivity Disorder Agents, Amphetamines

ADDERALL XR	3	QL (30 EA per 30 days) PA MO
ADDERALL TABS 5MG, 7.5MG, 10MG, 12.5MG, 15MG, 30MG	3	QL (60 EA per 30 days) PA MO
ADDERALL TABS 20MG	3	QL (90 EA per 30 days) PA MO
<i>amphetamine/dextroamphetamine 24hr er caps</i>	1	QL (30 EA per 30 days) PA MO

*You can find information on what the symbols and abbreviations on this table mean by 69 going to page 8.

Drug name	Drug tier	Requirements/Limits
<i>amphetamine/dextroamphetamine tabs 5mg, 7.5mg, 10mg, 12.5mg, 15mg, 30mg</i>	1	QL (60 EA per 30 days) PA MO
<i>amphetamine/dextroamphetamine tabs 20mg</i>	1	QL (90 EA per 30 days) PA MO
DEXEDRINE SPANSULE CP24	3	QL (120 EA per 30 days) PA MO
<i>dexedrine tabs</i>	1	QL (180 EA per 30 days) PA
<i>dextroamphetamine sulfate er caps</i>	1	QL (120 EA per 30 days) PA MO
<i>dextroamphetamine sulfate immediate release tabs</i>	1	QL (180 EA per 30 days) PA MO
<i>dextroamphetamine sulfate soln</i>	1	QL (1800 ML per 30 days) PA MO
PROCENTRA	3	QL (1800 ML per 30 days) PA MO
VYVANSE CHEW	3	QL (30 EA per 30 days) PA
VYVANSE CAPS	3	QL (30 EA per 30 days) PA MO
ZENZEDI TABS 15MG	3	QL (120 EA per 30 days) PA MO
ZENZEDI TABS 2.5MG	3	QL (180 EA per 30 days) PA MO
ZENZEDI TABS 7.5MG	3	QL (240 EA per 30 days) PA MO
ZENZEDI TABS 30MG	3	QL (60 EA per 30 days) PA MO
ZENZEDI TABS 20MG	3	QL (90 EA per 30 days) PA MO
<i>zenzedi tabs 10mg, 5mg</i>	1	QL (180 EA per 30 days) PA
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines		
APTENSIO XR	3	QL (30 EA per 30 days) PA MO
<i>atomoxetine caps 10mg, 18mg, 25mg</i>	1	QL (120 EA per 30 days) MO
<i>atomoxetine caps 100mg, 60mg, 80mg</i>	1	QL (30 EA per 30 days) MO
<i>atomoxetine caps 40mg</i>	1	QL (60 EA per 30 days) MO
<i>clonidine hcl er</i>	1	MO
CONCERTA	3	QL (30 EA per 30 days) PA MO
<i>dexmethylphenidate hcl er</i>	1	QL (30 EA per 30 days) PA MO
<i>dexmethylphenidate hcl tabs</i>	1	QL (60 EA per 30 days) PA MO
FOCALIN	3	QL (60 EA per 30 days) PA MO

Drug name	Drug tier	Requirements/Limits
FOCALIN XR	3	QL (30 EA per 30 days) PA MO
<i>guanfacine er</i>	1	QL (30 EA per 30 days) PA MO
INTUNIV	3	QL (30 EA per 30 days) ST MO
KAPVAY	3	MO
METADATE CD CAPS	3	QL (30 EA per 30 days) PA MO
<i>metadate er tabs 20mg</i>	1	QL (90 EA per 30 days) PA
METHYLIN SOLN 5MG/5ML	3	QL (1800 ML per 30 days) PA MO
METHYLIN SOLN 10MG/5ML	3	QL (900 ML per 30 days) PA MO
<i>methylphenidate hcl cd cpcr 10mg, 50mg, 60mg</i>	1	QL (30 EA per 30 days) PA MO
<i>methylphenidate hcl er (la) caps</i>	1	QL (30 EA per 30 days) PA MO
<i>methylphenidate hcl er caps 24hr 20mg, 40mg</i>	1	QL (30 EA per 30 days) PA MO
<i>methylphenidate hcl er caps 24hr 30mg</i>	1	QL (60 EA per 30 days) PA MO
<i>methylphenidate hcl er cpcr 20mg, 30mg, 40mg</i>	1	QL (30 EA per 30 days) PA MO
<i>methylphenidate hcl er tab 24hr</i>	1	QL (30 EA per 30 days) PA
<i>methylphenidate hcl er tab (generic Concerta) 18mg, 27mg, 36mg, 54mg</i>	1	QL (30 EA per 30 days) PA MO
<i>methylphenidate hcl er tbcr 10mg, 20mg</i>	1	QL (90 EA per 30 days) PA MO
<i>methylphenidate hcl chew</i>	1	QL (180 EA per 30 days) PA MO
<i>methylphenidate hcl immediate release tabs</i>	1	QL (90 EA per 30 days) PA MO
<i>methylphenidate hydrochloride soln 5mg/5ml</i>	1	QL (1800 ML per 30 days) PA MO
<i>methylphenidate hydrochloride soln 10mg/5ml</i>	1	QL (900 ML per 30 days) PA MO
QUILLICHEW ER 40MG	3	QL (30 EA per 30 days) PA MO
QUILLICHEW ER 30MG	3	QL (60 EA per 30 days) PA MO
QUILLICHEW ER 20MG	3	QL (90 EA per 30 days) PA MO
QUILLIVANT XR	3	PA MO
RITALIN	3	QL (90 EA per 30 days) PA MO

*You can find information on what the symbols and abbreviations on this table mean by 71 going to page 8.

Drug name	Drug tier	Requirements/Limits
RITALIN LA CP24 10MG, 20MG, 40MG	3	QL (30 EA per 30 days) PA MO
RITALIN LA CP24 30MG	3	QL (60 EA per 30 days) PA MO
STRATTERA CAPS 10MG, 18MG, 25MG	3	QL (120 EA per 30 days) MO
STRATTERA CAPS 100MG, 60MG, 80MG	3	QL (30 EA per 30 days) MO
STRATTERA CAPS 40MG	3	QL (60 EA per 30 days) MO
Central Nervous System, Other		
GRALISE	3	MO
GRALISE STARTER	3	QL (156 EA per 365 days) MO
NUEDEXTA	3	PA MO
RILUTEK	4	MO
<i>riluzole</i>	1	MO
<i>tetrabenazine tabs 25mg</i>	4	QL (120 EA per 30 days) PA
<i>tetrabenazine tabs 12.5mg</i>	4	QL (90 EA per 30 days) PA
XENAZINE TABS 25MG	4	QL (120 EA per 30 days) PA LA
XENAZINE TABS 12.5MG	4	QL (90 EA per 30 days) PA LA
Fibromyalgia Agents		
SAVELLA	3	QL (60 EA per 30 days) PA MO
SAVELLA TITRATION PACK	3	QL (110 EA per 365 days) PA MO
Multiple Sclerosis Agents		
AMPYRA	4	PA LA
BETASERON	4	QL (14 EA per 28 days) PA
COPAXONE INJ 40MG/ML	4	QL (12 ML per 28 days) PA
COPAXONE INJ 20MG/ML	4	QL (30 ML per 30 days) PA
GILENYA	4	QL (28 EA per 28 days) PA
TYSABRI	4	PA LA

DENTAL AND ORAL AGENTS

Dental and Oral Agents

<i>cevimeline hcl</i>	1	MO
<i>chlorhexidine gluconate oral soln</i>	1	MO
<i>clinpro 5000</i>	1	MO
<i>dentagel</i>	1	MO
EVOXAC	3	MO
<i>oralone</i>	1	
<i>paroex</i>	1	

Drug name	Drug tier	Requirements/Limits
<i>periogard</i>	1	
<i>phos-flur gel</i>	1	
<i>pilocarpine hcl tabs 5mg</i>	1	MO
<i>pilocarpine hcl tabs 7.5mg</i>	1	MO
SALAGEN	3	MO
<i>sf gel 1.1%</i>	1	MO
<i>triamcinolone acetonide pste 0.1%</i>	1	MO
<i>triamcinolone in orabase</i>	1	MO

DERMATOLOGICAL AGENTS

Dermatological Agents

<i>acitretin</i>	1	PA MO
ACZONE	3	MO
ALDARA	3	MO
<i>ammonium lactate crea, lotn</i>	1	MO
ATRALIN	3	PA MO
AVITA CREA	3	PA
AVITA GEL	3	PA MO
BACTROBAN CREA	3	MO
<i>calcipotriene</i>	1	MO
<i>calcipotriene/betamethasone dipropionate oint</i>	1	QL (400 GM per 28 days) MO
<i>calcitrene</i>	1	MO
<i>calcitriol oint 3mcg/gm</i>	1	MO
CARAC	4	MO
<i>claravis</i>	1	
CLEOCIN-T	3	MO
CLINDACIN ETZ	2	MO
<i>clindacin etz pledgets kit</i>	1	MO
CLINDACIN PAC KIT 1%	2	MO
<i>clindacin-p pad 1%</i>	1	MO
CLINDAGEL	3	MO
<i>clindamycin phosphate foam 1%</i>	1	MO
<i>clindamycin phosphate gel 1%</i>	1	MO
<i>clindamycin phosphate lotn 1%</i>	1	MO
<i>clindamycin phosphate external soln 1%</i>	1	MO
<i>clindamycin phosphate swab 1%</i>	1	MO

*You can find information on what the symbols and abbreviations on this table mean by 73 going to page 8.

Drug name	Drug tier	Requirements/Limits
<i>clindamycin/benzoyl peroxide</i>	1	MO
CONDYLOX GEL	3	MO
CORTISPORIN TOPICAL CREA, OINT	3	MO
<i>diclofenac sodium gel 3%</i>	1	MO
<i>diclofenac sodium gel 1%</i>	1	QL (1000 GM per 30 days) MO
DOVONEX CREA	3	MO
<i>doxepin hydrochloride 5% crea</i>	1	MO
DUAC	3	MO
EFUDEX CREA	3	MO
ELIDEL	3	QL (60 GM per 30 days) ST MO
<i>ery pad 2%</i>	1	MO
ERYGEL	3	MO
<i>erythromycin/benzoyl peroxide</i>	1	MO
<i>erythromycin gel 2%</i>	1	MO
<i>erythromycin pads 2%</i>	1	MO
<i>erythromycin soln 2%</i>	1	MO
EVOCLIN	3	MO
FINACEA	3	MO
<i>fluocinolone acetonide body</i>	1	MO
<i>fluocinolone acetonide scalp</i>	1	MO
<i>fluorouracil crea 0.5%, 5%</i>	1	MO
<i>fluorouracil external soln 2%, 5%</i>	1	MO
<i>gentamicin sulfate crea 0.1%</i>	1	MO
<i>gentamicin sulfate external oint 0.1%</i>	1	MO
<i>imiquimod crea</i>	1	MO
KLARON	3	MO
<i>methoxsalen caps</i>	4	MO
METROCREAM	3	MO
METROGEL 1% TOPICAL GEL	3	MO
METROLOTION	3	MO
<i>metronidazole crea 0.75%</i>	1	MO
<i>metronidazole topical gel 0.75%, 1%</i>	1	MO
<i>metronidazole lotn 0.75%</i>	1	MO
<i>mupirocin</i>	1	MO
<i>myorisan</i>	1	

Drug name	Drug tier	Requirements/Limits
<i>neuac gel 1.2; 5%</i>	1	MO
NORITATE	3	MO
ORACEA	3	QL (30 EA per 30 days) ST MO
PICATO GEL 0.05%	4	QL (2 EA per 30 days) MO
PICATO GEL 0.015%	4	QL (3 EA per 30 days) MO
<i>podofilox soln</i>	1	MO
PROTOPIC	3	QL (60 GM per 30 days) ST MO
PRUDOXIN	3	MO
RECTIV	3	MO
REGRANEX	4	PA MO
RETIN-A MICRO GEL	3	PA MO
RETIN-A MICRO GEL PUMP	3	PA MO
RETIN-A CREA, GEL	3	PA MO
<i>rosadan 0.75% crea, gel</i>	1	
SANTYL	3	MO
<i>selenium sulfide lotn</i>	1	MO
SILVADENE	3	MO
<i>silver sulfadiazine</i>	1	MO
<i>sodium sulfacetamide lotn 10%</i>	1	MO
SOLARAZE	4	MO
SORILUX	3	ST MO
SSD 1% CREA	2	
<i>sulfacetamide sodium lotn 10%</i>	1	MO
SULFAMYLON CREA	3	MO
SULFAMYLON PACK 5% SOLN	4	MO
TACLONEX OINT 0.064%; 0.005%	3	QL (400 GM per 28 days) ST MO
<i>tacrolimus oint 0.03%, 0.1%</i>	1	QL (60 GM per 30 days) MO
<i>tazarotene crea</i>	1	MO
TAZORAC	3	PA MO
TOLAK	3	MO
<i>tretinoin microsphere gel</i>	1	PA MO
<i>tretinoin microsphere pump gel</i>	1	PA MO
<i>tretinoin crea 0.025%, 0.05%, 0.1%</i>	1	PA MO
<i>tretinoin gel 0.01%, 0.025%, 0.05%</i>	1	PA MO
VECTICAL	3	MO
<i>zenatane</i>	1	

*You can find information on what the symbols and abbreviations on this table mean by 75 going to page 8.

Drug name	Drug tier	Requirements/Limits
ZONALON	3	MO
ZYCLARA CREA	3	QL (56 EA per 28 days) MO
ZYCLARA PUMP CREA 2.5%	3	QL (15 GM per 28 days) MO
ZYCLARA PUMP CREA 3.75%	3	QL (30 GM per 28 days) MO

ELECTROLYTES/MINERALS/METALS/VITAMINS

Electrolyte/Mineral Replacement

AMINOSYN 7%/ELECTROLYTES	3	B/D
AMINOSYN 8.5%/ELECTROLYTES	3	B/D
AMINOSYN II 8.5%/ELECTROLYTES	3	B/D
AMINOSYN II INJ 7%, 8.5%, 10%	3	B/D
AMINOSYN M INJ	3	B/D
AMINOSYN-HBC	3	B/D
AMINOSYN-PF 10%	3	B/D
AMINOSYN-PF 7%	3	B/D
AMINOSYN-RF	3	B/D
AMINOSYN INJ 8.5%, 10%	3	B/D
CLINIMIX 2.75%/DEXTROSE 5%	3	B/D
CLINIMIX 4.25%/DEXTROSE 10%	3	B/D
CLINIMIX 4.25%/DEXTROSE 20%	3	B/D
CLINIMIX 4.25%/DEXTROSE 25%	3	B/D
CLINIMIX 4.25%/DEXTROSE 5%	3	B/D
CLINIMIX 5%/DEXTROSE 15%	3	B/D
CLINIMIX 5%/DEXTROSE 20%	3	B/D
CLINIMIX 5%/DEXTROSE 25%	3	B/D
<i>clinisol sf 15%</i>	1	B/D
DEXTROSE 10%/NACL 0.45%	3	
DEXTROSE 5% /ELECTROLYTE #48 VIAFLEX	3	
<i>dextrose 10%</i>	1	
DEXTROSE 10%/NACL 0.2%	3	
<i>dextrose 2.5%/nacl 0.45%</i>	1	
DEXTROSE 20%	2	B/D
DEXTROSE 25%	2	B/D
DEXTROSE 30%	2	B/D
DEXTROSE 40%	2	B/D
<i>dextrose 5%</i>	1	MO

Drug name	Drug tier	Requirements/Limits
<i>dextrose 5%/lactated ringers</i>	1	
<i>dextrose 5%/nacl 0.2%</i>	1	
DEXTROSE 5%/NACL 0.225%	3	
DEXTROSE 5%/NACL 0.3%	3	
<i>dextrose 5%/nacl 0.33%</i>	1	
<i>dextrose 5%/nacl 0.45%</i>	1	
<i>dextrose 5%/nacl 0.9%</i>	1	MO
<i>dextrose 50%</i>	1	B/D
<i>dextrose 70%</i>	1	B/D
EFFERVESCENT POT CHLORIDE	2	MO
<i>fluor-a-day soln</i>	1	
<i>fluoride chew 0.5mg (1.1mg), 1mg (2.2mg)</i>	1	MO
<i>fluoritab chew 0.5mg (1.1mg), 1mg (2.2mg)</i>	1	
FREAMINE HBC 6.9%	3	B/D
HEPATAMINE	3	B/D
INTRALIPID	3	B/D
IONOSOL-B/DEXTROSE 5%	3	
IONOSOL-MB/DEXTROSE 5%	3	
ISOLYTE-P/DEXTROSE 5%	3	
ISOLYTE-S INJ	3	
K-TAB	3	MO
<i>kcl 0.075%/d5w/nacl 0.45%</i>	1	
<i>kcl 0.15%/d5w/nacl 0.2%</i>	1	
KCL 0.15%/D5W/NACL 0.225% INJ 5%; 20MEQ/L; 0.225%	3	
<i>kcl 0.15%/d5w/nacl 0.45% inj 5%; 20meq/l; 0.45%</i>	1	
<i>kcl 0.15%/d5w/nacl 0.9%</i>	1	
<i>kcl 0.3%/d5w/nacl 0.45%</i>	1	
KCL 0.3%/D5W/NACL 0.9%	3	
<i>klor-con 10</i>	1	MO
<i>klor-con 8</i>	1	MO
<i>klor-con m10</i>	1	MO
KLOR-CON M15	3	MO
<i>klor-con m20</i>	1	MO
KLOR-CON POW 20MEQ	2	MO

*You can find information on what the symbols and abbreviations on this table mean by 77 going to page 8.

Drug name	Drug tier	Requirements/Limits
<i>klor-con sprinkle</i>	1	MO
<i>klor-con/ef tabs</i>	1	MO
<i>lactated ringers viaflex inj</i>	1	
<i>ludent</i>	1	MO
<i>magnesium sulfate inj 50%</i>	1	MO
NEPHRAMINE	3	B/D
NORMOSOL-R IN D5W	3	
NORMOSOL-R INJ PH 7.4	3	
NUTRILIPID	3	B/D
PHYSIOLYTE	2	
PHYSIOSOL IRRIGATION	2	
PLASMA-LYTE A	3	
PLASMA-LYTE-148	3	
<i>plenamine</i>	1	B/D
<i>potassium chloride 0.15% d5w/ nacl 0.45%</i>	1	
<i>potassium chloride 0.22% d5w/ nacl 0.45%</i>	1	
<i>potassium chloride 0.224%d5w/ nacl 0.45% viaflex</i>	1	
<i>potassium chloride cr tbc 20meq</i>	1	MO
<i>potassium chloride er cpcr 8meq, 10meq</i>	1	MO
<i>potassium chloride er tbc 10meq, 20meq, 8meq</i>	1	MO
<i>potassium chloride sr tbc 8meq</i>	1	MO
POTASSIUM CHLORIDE/ DEXTROSE/LACTATED RINGERS	3	
<i>potassium chloride/dextrose/ sodium chloride</i>	1	
POTASSIUM CHLORIDE/ DEXTROSE INJ 5%; 40MEQ/L	3	
<i>potassium chloride/dextrose inj 5%; 20meq/l</i>	1	
<i>potassium chloride/sodium chloride inj 20meq/l; 0.45%, 40meq/l; 0.9%</i>	1	
<i>potassium chloride/sodium chloride inj 20meq/l; 0.9%</i>	1	MO

Drug name	Drug tier	Requirements/Limits
POTASSIUM CHLORIDE INJ 10MEQ/50ML	3	
<i>potassium chloride inj</i> 20meq/100ml, 40meq/100ml	1	
<i>potassium chloride inj 0.4meq/ml,</i> 10meq/100ml, 2meq/ml	1	MO
POTASSIUM CHLORIDE ORAL SOLN 20%	3	MO
<i>potassium chloride oral soln 10%</i>	1	MO
<i>potassium citrate er tabs</i>	1	MO
PREMASOL INJ 10%	3	B/D
<i>premasol inj 6%</i>	1	B/D
PROCALAMINE	3	B/D
PROSOL	3	B/D
<i>ringers injection</i>	1	
<i>sodium chloride 0.45% inj</i>	1	
<i>sodium chloride inj 0.9%, 2.5meq/ ml, 3%, 4meq/ml, 5%</i>	1	MO
<i>sodium fluoride chew 0.5 mg (1.1mg)</i>	1	MO
<i>sodium fluoride soln 0.5mg/ml (1.1mg/ml)</i>	1	MO
<i>sterile water irrigation</i>	1	MO
TPN ELECTROLYTES INJ	3	B/D
TRAVASOL INJ 10%	3	B/D
TROPHAMINE INJ 10%	3	B/D
UROCIT-K 10	3	MO
UROCIT-K 15	3	MO
UROCIT-K 5	3	MO
<i>Electrolyte/Mineral/Metal Modifiers</i>		
CARNITOR	3	MO
CARNITOR SF	3	MO
CHEMET	3	MO
DEPEN TITRATABS	4	MO
EXJADE	4	PA LA
<i>fomepizole</i>	4	
KAYEXALATE	3	MO
<i>kionex powd</i>	1	

*You can find information on what the symbols and abbreviations on this table mean by 79 going to page 8.

Drug name	Drug tier	Requirements/Limits
<i>kionex susp</i>	1	MO
<i>levocarnitine</i>	1	MO
<i>sodium bicarbonate inj</i>	1	MO
<i>sodium bicarbonate partial fill 4.2%</i>	1	MO
<i>sodium polystyrene sulfonate rectal susp</i>	1	
<i>sodium polystyrene sulfonate powd, oral susp</i>	1	MO
<i>sps oral susp 15gm/60ml</i>	1	
SYPRINE	4	MO
Phosphate Binders		
AURYXIA	4	MO
<i>calcium acetate caps 667mg</i>	1	MO
<i>calcium acetate tabs 667mg</i>	1	MO
ELIPHOS	3	MO
PHOSLYRA	3	MO
RENAGEL TABS	3	ST MO
REVELA	2	MO
Vitamins		
BAL-CARE DHA	2	MO
CALCIUM PNV	2	MO
CITRANATAL 90 DHA	2	MO
CITRANATAL B-CALM	2	MO
CITRANATAL RX TABS	2	MO
COMPLETENATE	2	MO
CONCEPT DHA	2	MO
CONCEPT OB	2	MO
ENBRACE HR	2	MO
EXTRA-VIRT PLUS DHA	2	MO
FOCALGIN 90 DHA	2	MO
FOLET ONE	2	MO
FOLIVANE-OB	2	MO
HEMENATAL OB	2	MO
HEMENATAL OB + DHA	2	MO
<i>multi-vitamin/fluoride chew 0.5mg</i>	1	
<i>multi vitamin/fluoride chew 1mg</i>	1	MO
<i>multi-vit/fluoride drops 0.25 mg/ml</i>	1	MO

Drug name	Drug tier	Requirements/Limits
<i>multi-vit/iron/fluoride drops 0.25 mg/ml</i>	1	MO
<i>multi-vitamin/fluoride/iron drops 0.25 mg/ml</i>	1	MO
<i>multi-vitamin/fluoride drops 0.5 mg/ml</i>	1	MO
<i>multivitamin with fluoride chew 0.25mg</i>	1	MO
<i>mvc-fluoride</i>	1	MO
NATACHEW CHEW 120MG; 2700UNIT; 400UNIT; 12MCG; 0; 0; 1MG; 28MG; 20MG; 10MG; 3MG; 0; 2MG; 20UNIT	2	MO
NATELLE ONE CAPS 30MG; 102MG; 250MG; 0.625MG; 28MG; 1MG; 25MG; 30UNIT	2	MO
NESTABS TABS 65MG; 155MG; 450UNIT; 55MG; 10MCG; 32MG; 1000MCG; 100MCG; 50MG; 3MG; 120MG; 3MG; 30UNIT; 10MG	2	MO
NEXA PLUS CAPS 28MG; 0; 250MCG; 660MG; 160MG; 0; 800UNIT; 350MG; 55MG; 29MG; 1.25MG; 25MG; 30UNIT	2	MO
NIVA-PLUS	2	MO
O-CAL PRENATAL	2	MO
OB COMPLETE GOLD	2	MO
OB COMPLETE ONE	2	MO
OB COMPLETE PETITE	2	MO
OB COMPLETE PREMIER	2	MO
OB COMPLETE/DHA	2	MO
PNV FERROUS FUMARATE/ DOCUSATE/FOLIC ACID	2	MO
PNV PRENATAL PLUS MULTIVITAMIN	2	MO
PNV PRENATAL PLUS MULTIVITAMIN + DHA	2	MO
PNV TABS 29-1	2	MO
PNV-DHA	2	MO
PNV-SELECT	2	MO

*You can find information on what the symbols and abbreviations on this table mean by 81 going to page 8.

Drug name	Drug tier	Requirements/Limits
PNV-VP-U	2	MO
<i>poly-vitamin/fluoride drops</i>	1	
PREFERA OB TABS 30MCG; 10MG; 400UNIT; 0.8MG; 12MCG; 10UNIT; 1MG; 34MG; 0; 17MG; 0; 250MCG; 50MG; 1.6MG; 65MCG; 1.5MG; 4.5MG	2	
PREFERAOB +DHA	2	MO
PREFERAOB ONE	2	MO
PRENAISSANCE	2	MO
PRENAISSANCE PLUS	2	MO
PRENATA	2	MO
PRENATAL 19 CHEW 100MG; 1000UNIT; 200MG; 7MG; 400UNIT; 12MCG; 29MG; 1MG; 15MG; 20MG; 3MG; 3MG; 30UNIT; 20MG	2	MO
PRENATAL 19 TABS 100MG; 1000UNIT; 200MG; 7MG; 400UNIT; 12MCG; 25MG; 29MG; 1MG; 15MG; 20MG; 3MG; 3MG; 30UNIT; 20MG	2	MO
PRENATAL PLUS IRON TABS 120MG; 0; 200MG; 400UNIT; 2MG; 12MCG; 1MG; 29MG; 20MG; 10MG; 3MG; 1.84MG; 22UNIT; 4000UNIT; 25MG	2	MO
PRENATAL PLUS TABS 120MG; 0; 200MG; 400UNIT; 2MG; 12MCG; 27MG; 1MG; 20MG; 10MG; 3MG; 1.84MG; 22MG; 4000UNIT; 25MG	2	MO
PRENATE	2	MO
PRENATE AM	2	MO
PRENATE DHA CAPS 90MG; 145MG; 220UNIT; 13MCG; 300MG; 28MG; 400MCG; 600MCG; 50MG; 26MG; 10UNIT	2	

Drug name	Drug tier	Requirements/Limits
PRENATE ELITE TABS 75MG; 2600UNIT; 330MCG; 100MG; 6MG; 450UNIT; 1.5MG; 13MCG; 26MG; 400MCG; 150MCG; 600MCG; 25MG; 21MG; 21MG; 3.5MG; 3MG; 10UNIT; 15MG	2	
PRENATE ESSENTIAL CAPS 90MG; 280MCG; 145MG; 220UNIT; 13MCG; 300MG; 40MG; 29MG; 0; 400MCG; 600MCG; 50MG; 150MCG; 26MG; 10UNIT	2	
PRENATE ESSENTIAL CAPS 600MCG; 90MG; 280MCG; 155MG; 220UNIT; 13MCG; 300MG; 40MG; 18MG; 400MCG; 50MG; 150MCG; 26MG; 10UNIT	2	MO
PRENATE MINI CAPS 600MCG; 60MG; 280MCG; 80MG; 1000UNIT; 13MCG; 350MG; 0; 400MCG; 18MG; 0; 25MG; 150MCG; 26MG; 10UNIT; 25MG	2	MO
PRENATE PIXIE	2	MO
PREPLUS TABS 120MG; 0; 200MG; 400UNIT; 2MG; 12MCG; 27MG; 1MG; 20MG; 10MG; 3MG; 1.84MG; 22MG; 4000UNIT; 25MG	2	MO
PREQUE 10	2	
PRETAB	2	
PROVIDA DHA	2	MO
PUREFE OB PLUS	2	
RELNATE DHA	2	MO
SE-NATAL 19	2	MO
SELECT-OB CHEW 60MG; 0; 400UNIT; 5MCG; 0.4MG; 0.6MG; 25MG; 15MG; 29MG; 2.5MG; 1.8MG; 0; 1.6MG; 30UNIT; 1700UNIT; 15MG	2	MO
TARON-PREX	2	MO
THRIVITE RX	2	MO
TL-SELECT	2	MO
TRI-VIT/FLUORIDE/IRON	3	MO

*You can find information on what the symbols and abbreviations on this table mean by 83 going to page 8.

Drug name	Drug tier	Requirements/Limits
<i>tri-vit/fluoride soln 0.5mg/ml</i>	1	MO
<i>tri-vitamin/fluoride soln 0.25mg/ml</i>	1	MO
TRIADVANCE	2	
TRICARE PRENATAL DHA ONE	2	MO
TRICARE PRENATAL TABS	2	MO
TRICARE PRENATAL CHEW	2	
TRINATAL GT	2	MO
TRINATAL RX 1	2	MO
TRISTART DHA	2	MO
TRIVEEN-PRX RNF	2	MO
ULTIMATECARE ONE NF	2	MO
VEMAVITE-PRX 2	2	MO
VENA-BAL DHA	2	MO
VIRT-ADVANCE	2	MO
VIRT-C DHA	2	MO
VIRT-PN	2	MO
VIRT-PN DHA CAPS 85MG; 140MG; 200UNIT; 12MCG; 300MG; 27MG; 400MCG; 600MCG; 45MG; 25MG; 10UNIT	2	MO
VIRT-PN PLUS	2	MO
VIRT-SELECT	2	MO
VITAFOL FE+	2	MO
VITAFOL GUMMIES	2	MO
VITAFOL-ONE	2	MO
VITAMEDMD ONE RX/ QUATREFOLIC	2	MO
<i>vitamins a/d/c/fluoride</i>	1	
VOL-NATE	2	MO
VOL-PLUS	2	MO
VP-CH-PNV	2	MO
VP-HEME ONE	2	MO
VP-PNV-DHA	2	MO
ZATEAN-CH	2	
ZATEAN-PN DHA	2	MO
ZATEAN-PN PLUS	2	MO

Drug name Drug tier Requirements/Limits

GASTROINTESTINAL AGENTS

Antispasmodics, Gastrointestinal

ATROPINE SULFATE INJ 0.25MG/5ML	3	
BENTYL CAPS, INJ	3	MO
CUVPOSA	3	QL (1350 ML per 30 days) MO
<i>dicyclomine hcl caps, tabs</i>	1	MO
<i>dicyclomine hcl inj</i>	1	
<i>dicyclomine hcl oral soln</i>	1	MO
<i>glycopyrrolate tabs</i>	1	MO
<i>glycopyrrolate inj 0.4mg/2ml</i>	1	
<i>glycopyrrolate inj 0.2mg/ml, 1mg/5ml, 4mg/20ml</i>	1	MO
<i>methscopolamine bromide tabs</i>	1	MO
ROBINUL FORTE	3	MO
ROBINUL TABS	3	MO

Gastrointestinal Agents, Other

ACTIGALL	3	MO
<i>cromolyn sodium conc oral soln 100mg/5ml</i>	1	MO
<i>diphenatol</i>	1	
<i>diphenoxylate/atropine</i>	1	MO
GASTROCROM CONC	3	MO
GATTEX	4	PA LA
<i>gavilyte-h</i>	1	
LOMOTIL TABS	3	MO
<i>loperamide hcl caps</i>	1	MO
<i>metoclopramide hcl inj, oral soln, tabs</i>	1	MO
<i>metoclopramide odt</i>	1	MO
MOVANTIK TABS 25MG	2	QL (30 EA per 30 days) MO
MOVANTIK TABS 12.5MG	2	QL (60 EA per 30 days) MO
REGLAN TABS	3	MO
RELISTOR INJ	4	PA MO
URSO 250	3	MO
URSO FORTE	3	MO
<i>ursodiol caps, tabs</i>	1	MO

*You can find information on what the symbols and abbreviations on this table mean by 85 going to page 8.

Drug name	Drug tier	Requirements/Limits
Histamine2 (H2) receptor Antagonists		
<i>cimetidine hcl oral soln</i>	1	MO
<i>cimetidine tabs</i>	1	MO
<i>famotidine premixed inj 20mg/50ml</i>	1	
<i>famotidine inj 200mg/20ml, 40mg/4ml</i>	1	
<i>famotidine inj 20mg/2ml</i>	1	MO
<i>famotidine susr 40mg/5ml</i>	1	MO
<i>famotidine tabs 20mg, 40mg</i>	1	MO
<i>nizatidine</i>	1	MO
PEPCID SUSR	3	MO
<i>ranitidine hcl caps, syrp</i>	1	MO
<i>ranitidine hcl inj 150mg/6ml</i>	1	
<i>ranitidine hcl inj 50mg/2ml</i>	1	MO
<i>ranitidine hcl tabs 150mg, 300mg</i>	1	MO
ZANTAC TABS 150MG, 300MG	3	MO
ZANTAC INJ 25MG/ML	3	
ZANTAC INJ 50MG/2ML	3	MO
Irritable Bowel Syndrome Agents		
<i>alosetron hydrochloride</i>	4	QL (60 EA per 30 days) MO
AMITIZA	2	QL (60 EA per 30 days) MO
LINZESS CAPS 290MCG	2	QL (30 EA per 30 days) MO
LINZESS CAPS 145MCG	2	QL (60 EA per 30 days) MO
LOTRONEX	4	QL (60 EA per 30 days) ST MO
Laxatives		
<i>constulose</i>	1	
<i>enulose</i>	1	
<i>gavilyte-c</i>	1	MO
<i>gavilyte-g</i>	1	MO
<i>gavilyte-n/ flavor pack</i>	1	
<i>generlac</i>	1	MO
GOLYTELY	2	MO
KRISTALOSE	3	MO
<i>lactulose soln</i>	1	MO
MOVIPREP	3	MO
NULYTELY/FLAVOR PACKS	2	MO

Drug name	Drug tier	Requirements/Limits
OSMOPREP	3	MO
<i>peg-3350/electrolytes</i>	1	MO
<i>peg-3350/nacl/na bicarbonate/kcl</i>	1	MO
<i>polyethylene glycol 3350 pack, powd</i>	1	MO
PREPOPIK	3	MO
SUPREP BOWEL PREP KIT	3	MO
<i>trilyte</i>	1	
Protectants		
CARAFATE	3	MO
CYTOTEC	3	MO
<i>misoprostol</i>	1	MO
SUCRALFATE SUSP	2	MO
<i>sucralfate tabs</i>	1	MO
Proton Pump Inhibitors		
ACIPHEX TABS	3	ST MO
DEXILANT	2	QL (30 EA per 30 days) MO
<i>esomeprazole magnesium caps</i>	1	QL (30 EA per 30 days) MO
<i>esomeprazole sodium inj</i>	1	
<i>lansoprazole caps dr</i>	1	QL (30 EA per 30 days) MO
<i>omeprazole/sodium bicarbonate</i>	1	QL (30 EA per 30 days) MO
<i>omeprazole cpdr 10mg, 20mg</i>	1	QL (30 EA per 30 days) MO
<i>omeprazole cpdr 40mg</i>	1	QL (60 EA per 30 days) MO
<i>pantoprazole sodium inj</i>	1	
<i>pantoprazole sodium tbec 20mg</i>	1	QL (30 EA per 30 days) MO
<i>pantoprazole sodium tbec 40mg</i>	1	QL (60 EA per 30 days) MO
PREVACID SOLUTAB	3	QL (30 EA per 30 days) ST MO
PREVACID CAPS DR	3	QL (30 EA per 30 days) ST MO
PRILOSEC POWDER PACK 10MG	3	QL (120 EA per 30 days) ST MO
PRILOSEC POWDER PACK 2.5MG	3	QL (90 EA per 30 days) ST MO
PROTONIX PACK	3	QL (30 EA per 30 days) ST MO
PROTONIX INJ	3	ST
PROTONIX TBEC 20MG	3	QL (30 EA per 30 days) ST MO
PROTONIX TBEC 40MG	3	QL (60 EA per 30 days) ST MO
<i>rabeprazole sodium tabs</i>	1	ST MO
ZEGERID	4	QL (30 EA per 30 days) ST MO

*You can find information on what the symbols and abbreviations on this table mean by 87 going to page 8.

Drug name Drug tier Requirements/Limits

GENETIC OR ENZYME DISORDER: REPLACEMENT, MODIFIERS, TREATMENT

Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment

ADAGEN	4	PA LA
ALDURAZYME	4	PA LA
ARALAST NP INJ 1000MG	4	PA
ARALAST NP INJ 500MG	4	PA LA
BUPHENYL TABS	4	PA LA
CARBAGLU	4	PA LA
CERDELGA	4	PA
CEREZYME	4	PA LA
CREON CPEP 120000UNIT; 24000UNIT; 76000UNIT, 15000UNIT; 3000UNIT; 9500UNIT, 180000UNIT; 36000UNIT; 114000UNIT, 30000UNIT; 6000UNIT; 19000UNIT, 60000UNIT; 12000UNIT; 38000UNIT	2	MO
CYSTADANE	4	LA
CYSTAGON	3	PA LA
FABRAZYME	4	PA LA
KUVAN	4	PA LA
LUMIZYME	4	PA LA
NAGLAZYME	4	PA LA
ORFADIN CAPS 20MG	4	PA
ORFADIN CAPS 10MG, 2MG, 5MG	4	PA LA
PROLASTIN-C	4	PA LA MO
RAVICTI	4	PA
<i>sodium phenylbutyrate powd</i>	4	PA
ZAVESCA	4	PA LA
ZEMAIRA	4	PA LA
ZENPEP	3	MO

GENITOURINARY AGENTS

Antispasmodics, Urinary

<i>darifenacin hydrobromide er</i>	1	QL (30 EA per 30 days) MO
DETROL LA CAPS	3	QL (30 EA per 30 days) MO
DETROL TABS	3	QL (60 EA per 30 days) MO
DITROPAN XL TB24 5MG	3	QL (30 EA per 30 days) MO

Drug name	Drug tier	Requirements/Limits
DITROPAN XL TB24 10MG, 15MG	3	QL (60 EA per 30 days) MO
ENABLEX	3	QL (30 EA per 30 days) MO
<i>flavoxate hcl</i>	1	MO
GELNIQUE GEL 10%	3	QL (30 GM per 30 days) MO
MYRBETRIQ TB24 50MG	3	QL (30 EA per 30 days) MO
MYRBETRIQ TB24 25MG	3	QL (60 EA per 30 days) MO
<i>oxybutynin chloride er tb24 5mg</i>	1	QL (30 EA per 30 days) MO
<i>oxybutynin chloride er tb24 10mg, 15mg</i>	1	QL (60 EA per 30 days) MO
<i>oxybutynin chloride tabs</i>	1	QL (120 EA per 30 days) MO
<i>oxybutynin chloride syrup</i>	1	QL (600 ML per 30 days) MO
OXYTROL	3	QL (8 EA per 28 days) MO
<i>tolterodine tartrate er caps</i>	1	QL (30 EA per 30 days) MO
<i>tolterodine tartrate tabs</i>	1	QL (60 EA per 30 days) MO
TOVIAZ	2	QL (30 EA per 30 days) MO
<i>trospium chloride er caps</i>	1	QL (30 EA per 30 days) MO
<i>trospium chloride tabs</i>	1	QL (60 EA per 30 days) MO
VESICARE	3	QL (30 EA per 30 days) MO
Benign Prostatic Hypertrophy Agents		
<i>alfuzosin hcl er</i>	1	QL (30 EA per 30 days) MO
AVODART	3	QL (30 EA per 30 days) MO
CARDURA XL	3	QL (60 EA per 30 days) MO
<i>dutasteride</i>	1	QL (30 EA per 30 days) MO
<i>dutasteride/tamsulosin hydrochloride</i>	1	QL (30 EA per 30 days) MO
<i>finasteride tabs 5mg</i>	1	QL (30 EA per 30 days) MO
FLOMAX	3	QL (60 EA per 30 days) MO
JALYN	3	QL (30 EA per 30 days) MO
PROSCAR	3	QL (30 EA per 30 days) MO
RAPAFLO	3	QL (30 EA per 30 days) MO
<i>tamsulosin hcl</i>	1	QL (60 EA per 30 days) MO
UROXATRAL	3	QL (30 EA per 30 days) MO
Genitourinary Agents, Other		
<i>acetic acid 0.25% irrigation soln</i>	1	MO
<i>bethanechol chloride tabs</i>	1	MO
ELMIRON	3	MO
<i>sodium chloride 0.9% irrigation soln</i>	1	MO

*You can find information on what the symbols and abbreviations on this table mean by 89 going to page 8.

Drug name	Drug tier	Requirements/Limits
URECHOLINE TABS	3	MO
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)		
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)</i>		
ALA SCALP	3	MO
<i>ala-cort cream</i>	1	
<i>alclometasone dipropionate</i>	1	MO
ANUSOL-HC CREA	3	MO
APEXICON E	3	MO
<i>augmented betamethasone dipropionate</i>	1	MO
<i>betamethasone dipropionate crea, lotn, oint</i>	1	MO
<i>betamethasone valerate crea, foam, lotn, oint</i>	1	MO
<i>budesonide cpep 3mg</i>	4	MO
CAPEX	3	MO
<i>clobetasol propionate emollient crea</i>	1	MO
<i>clobetasol propionate emollient foam</i>	1	MO
<i>clobetasol propionate crea, foam, gel, spray, lotn, oint, sham, soln</i>	1	MO
CLOBEX	3	MO
<i>clodan shampoo</i>	1	
CLODERM	3	MO
CLODERM PUMP	3	MO
<i>colocort</i>	1	
CORDRAN TAPE	3	MO
<i>cormax scalp application</i>	1	
CORTEF TABS	3	MO
<i>cortisone acetate tabs 25mg</i>	1	MO
CUTIVATE LOTN	3	MO
<i>deltasone tabs 20mg</i>	1	
DEPO-MEDROL	3	MO
DESONATE	3	MO
<i>desonide crea, lotn, oint</i>	1	MO
DESOWEN CREA, LOTN	3	MO
<i>desoximetasone crea, gel, oint</i>	1	MO

Drug name	Drug tier	Requirements/Limits
<i>dexamethasone intensol oral soln conc</i>	1	MO
<i>dexamethasone sodium phosphate inj 10mg/ml</i>	1	
<i>dexamethasone sodium phosphate inj 100mg/10ml, 10mg/ml, 120mg/30ml, 20mg/5ml, 4mg/ml</i>	1	MO
<i>dexamethasone elix, soln</i>	1	MO
<i>dexamethasone tabs 0.5mg, 0.75mg, 1.5mg, 1mg, 2mg, 4mg, 6mg</i>	1	MO
DEXPAK 13 DAY TBPK	3	MO
<i>diflorasone diacetate</i>	1	MO
ELOCON CREA, OINT	3	MO
ENTOCORT EC	4	MO
<i>fludrocortisone acetate tabs</i>	1	MO
<i>fluocinolone acetonide crea 0.01%, 0.025%</i>	1	MO
<i>fluocinolone acetonide oint 0.025%</i>	1	MO
<i>fluocinolone acetonide topical soln 0.01%</i>	1	MO
<i>fluocinonide emulsified base crea</i>	1	MO
<i>fluocinonide crea 0.05%</i>	1	MO
<i>fluocinonide gel, oint, soln</i>	1	MO
<i>flurandrenolide crea</i>	1	MO
<i>fluticasone propionate crea 0.05%</i>	1	MO
<i>fluticasone propionate lotn 0.05%</i>	1	MO
<i>fluticasone propionate oint 0.005%</i>	1	MO
<i>halobetasol propionate crea, oint</i>	1	MO
HALOG OINT	3	MO
HALOG CREA 0.1%	3	MO
<i>hydrocortisone butyrate (lipophilic) crea</i>	1	MO
<i>hydrocortisone butyrate crea, oint, soln</i>	1	MO
<i>hydrocortisone in absorbbase oint</i>	1	MO
<i>hydrocortisone valerate crea, oint</i>	1	MO
<i>hydrocortisone crea 1%, 2.5%</i>	1	MO
<i>hydrocortisone enem, tabs</i>	1	MO

*You can find information on what the symbols and abbreviations on this table mean by 91 going to page 8.

Drug name	Drug tier	Requirements/Limits
<i>hydrocortisone lotn 2.5%</i>	1	MO
<i>hydrocortisone oint 1%, 2.5%</i>	1	MO
KENALOG-10	3	MO
KENALOG-40	3	MO
KENALOG AERS	3	MO
LOCOID CREAM	3	MO
<i>lokara</i>	1	
MEDROL DOSEPAK	3	MO
MEDROL TABS 16MG, 2MG, 32MG, 4MG, 8MG	3	MO
<i>methylprednisolone acetate inj 40mg/ml, 80mg/ml</i>	1	MO
<i>methylprednisolone dose pack tbpk</i>	1	MO
<i>methylprednisolone sodiumsuccinate inj 1000mg, 125mg, 40mg</i>	1	MO
<i>methylprednisolone tabs</i>	1	MO
MILLIPRED TABS, SOLN SOLN	3	
MILLIPRED TABS, SOLN TABS	3	MO
<i>mometasone furoate crea 0.1%</i>	1	MO
<i>mometasone furoate oint 0.1%</i>	1	MO
<i>mometasone furoate lotn 0.1%</i>	1	MO
OLUX	3	MO
ORAPRED ODT	3	MO
<i>prednicarbate oint, emollient crea</i>	1	MO
<i>prednisolone sodium phosphate odt</i>	1	MO
<i>prednisolone sodium phosphate oral soln 10mg/5ml, 20mg/5ml</i>	1	
<i>prednisolone sodium phosphate oral soln 15mg/5ml, 25mg/5ml, 5mg/5ml</i>	1	MO
<i>prednisolone oral soln</i>	1	MO
<i>prednisolone oral syrup 15mg/5ml</i>	1	MO
<i>prednisone intensol oral soln conc</i>	1	B/D MO
<i>prednisone soln, tbpk</i>	1	MO
<i>prednisone tabs 10mg, 1mg, 2.5mg, 20mg, 50mg, 5mg</i>	1	MO

Drug name	Drug tier	Requirements/Limits
<i>procto-med hc</i>	1	
<i>procto-pak</i>	1	MO
<i>proctosol hc topical crea</i>	1	MO
<i>proctozone-hc</i>	1	MO
PSORCON CREA	3	MO
RAYOS	4	MO
SOLU-CORTEF INJ 250MG	3	MO
SOLU-MEDROL INJ 2GM	3	
SOLU-MEDROL INJ 125MG, 500MG	3	MO
SYNALAR CREAM KIT	3	MO
SYNALAR CREA	3	MO
TACLONEX SUSP 0.064%; 0.005%	3	ST MO
TEMOVATE OINT	3	MO
TOPICORT	3	MO
<i>triamcinolone acetonide topical spray 0.147mg/gm</i>	1	MO
<i>triamcinolone acetonide crea 0.025%, 0.1%, 0.5%</i>	1	MO
<i>triamcinolone acetonide lotn 0.025%, 0.1%</i>	1	MO
<i>triamcinolone acetonide oint 0.025%, 0.1%, 0.5%</i>	1	MO
TRIANEX	3	MO
<i>triderm crea</i>	1	
UCERIS FOAM	3	MO
UCERIS TABS 24HR	4	MO
ULTRAVATE CREA, OINT	3	MO
ULTRAVATE LOTN	4	QL (120 ML per 30 days) MO
VANOS	3	MO
VERIPRED 20	3	

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)

Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)

DDAVP NASAL SOLN, TABS	3	MO
DDAVP INJ 4MCG/ML	3	MO
<i>desmopressin acetate inj, nasal soln, tabs</i>	1	MO
GENOTROPIN	4	PA

*You can find information on what the symbols and abbreviations on this table mean by 93 going to page 8.

Drug name	Drug tier	Requirements/Limits
GENOTROPIN MINIQUICK INJ 0.2MG	3	PA
GENOTROPIN MINIQUICK INJ 0.4MG, 0.6MG, 0.8MG, 1.2MG, 1.4MG, 1.6MG, 1.8MG, 1MG, 2MG	4	PA
INCRELEX	4	PA LA
NORDITROPIN FLEXPRO	4	PA
STIMATE SOLN	3	

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)

Anabolic Steroids

ANADROL-50	4	PA MO
<i>oxandrolone tabs 2.5mg</i>	1	QL (120 EA per 30 days) PA MO
<i>oxandrolone tabs 10mg</i>	4	QL (60 EA per 30 days) PA MO

Androgens

ANDRODERM PATCH 2MG/24HR, 4MG/24HR	3	QL (30 EA per 30 days) PA MO
ANDROGEL PUMP GEL 1.62%	3	PA MO
ANDROGEL GEL 20.25MG/1.25GM, 40.5MG/2.5GM	3	PA MO
ANDROGEL GEL 25MG/2.5GM, 50MG/5GM	3	QL (300 GM per 30 days) PA MO
AXIRON	2	QL (440 ML per 30 days) PA MO
<i>danazol caps</i>	1	MO
DEPO-TESTOSTERONE INJ 100MG/ML, 200MG/ML	3	PA MO
FORTESTA	3	QL (120 GM per 30 days) PA MO
NATESTO	3	QL (24 GM per 30 days) PA MO
STRIANT	3	QL (60 EA per 30 days) PA MO
TESTIM	3	QL (300 GM per 30 days) PA MO
<i>testosterone cypionate inj</i>	1	MO
<i>testosterone enanthate inj</i>	1	MO
<i>testosterone gel 12.5mg/act pump</i>	1	QL (300 GM per 30 days) PA MO

Drug name	Drug tier	Requirements/Limits
<i>testosterone gel 10mg/act pump</i>	1	QL (120 GM per 30 days) PA MO
<i>testosterone gel 25mg/2.5gm, 50mg/5gm</i>	1	QL (300 GM per 30 days) PA MO
VOGELXO	3	QL (300 GM per 30 days) PA MO
VOGELXO PUMP	3	QL (300 GM per 30 days) PA MO
Estrogens		
ACTIVELLA	3	PA MO
ALORA	3	QL (8 EA per 28 days) PA MO
<i>alyacen 1/35</i>	1	
<i>alyacen 7/7/7</i>	1	
<i>amethia</i>	1	
AMETHIA LO	2	
ANGELIQ	3	PA MO
<i>apri</i>	1	
<i>aranelle</i>	1	
<i>ashlyna</i>	1	
<i>aubra</i>	1	
<i>aviane</i>	1	
<i>azurette</i>	1	
<i>balziva</i>	1	
<i>bekyree</i>	1	
<i>blisovi 24 fe</i>	1	MO
<i>blisovi fe 1.5/30</i>	1	
<i>blisovi fe 1/20</i>	1	
<i>briellyn</i>	1	
CAMRESE	2	
CAMRESE LO	2	
<i>caziant</i>	1	
<i>chateal</i>	1	
CLIMARA	3	QL (4 EA per 28 days) PA MO
COMBIPATCH	3	QL (8 EA per 28 days) PA MO
<i>cryselle-28</i>	1	MO
<i>cyclafem 1/35</i>	1	MO
<i>cyclafem 7/7/7</i>	1	MO
<i>cyred</i>	1	

*You can find information on what the symbols and abbreviations on this table mean by 95 going to page 8.

Drug name	Drug tier	Requirements/Limits
<i>dasetta 1/35</i>	1	
<i>dasetta 7/7/7</i>	1	
<i>daysee</i>	1	MO
DELESTROGEN	3	MO
<i>delyla</i>	1	
DEPO-ESTRADIOL INJ 5MG/ML	3	MO
<i>desogestrel/ethinyl estradiol</i>	1	MO
DIVIGEL	3	MO
<i>drospirenone/ethinyl estradiol</i>	1	MO
<i>drospirenone/ethinyl estradiol/ levomefolate calcium</i>	1	MO
ELESTRIN	3	MO
<i>elinest</i>	1	
<i>emoquette</i>	1	
<i>enpresse-28</i>	1	
<i>enskyce</i>	1	MO
<i>estarylla</i>	1	
ESTRACE CREA	3	MO
ESTRACE TABS	3	PA MO
<i>estradiol valerate inj 20mg/ml, 40mg/ml</i>	1	MO
<i>estradiol tabs</i>	1	PA MO
<i>estradiol weekly patch</i>	1	QL (4 EA per 28 days) PA MO
<i>estradiol twice weekly patch</i>	1	QL (8 EA per 28 days) PA MO
ESTRING	3	QL (1 EA per 90 days) MO
<i>estropipate tabs</i>	1	PA MO
<i>ethynodiol diacetate/ethinyl estradiol</i>	1	MO
EVAMIST	3	QL (16.2 ML per 30 days) MO
<i>falmina</i>	1	
<i>fayosim</i>	1	MO
FEMHRT LOW DOSE	3	PA MO
<i>femynor</i>	1	
GIANVI	2	
<i>gildagia</i>	1	
<i>introvale</i>	1	
JOLESSA	2	
<i>juleber</i>	1	

Drug name	Drug tier	Requirements/Limits
<i>junel 1.5/30</i>	1	
<i>junel 1/20</i>	1	
<i>junel fe 1.5/30</i>	1	MO
<i>junel fe 1/20</i>	1	MO
<i>junel fe 24</i>	1	
<i>kaitlib fe</i>	1	MO
<i>kariva</i>	1	
<i>kelnor 1/35</i>	1	MO
<i>kimidess</i>	1	
<i>kurvelo</i>	1	
<i>larin 1.5/30</i>	1	
<i>larin 1/20</i>	1	
<i>larin 24 fe</i>	1	
<i>larin fe 1.5/30</i>	1	
<i>larin fe 1/20</i>	1	
<i>larissia</i>	1	
LAYOLIS FE	2	
LEENA	2	MO
<i>lessina</i>	1	
<i>levonest</i>	1	
<i>levonorgestrel/ethinyl estradiol</i>	1	MO
<i>levora 0.15/30-28</i>	1	
<i>lomedica 24 fe</i>	1	
<i>loryna</i>	1	MO
<i>low-ogestrel</i>	1	
<i>lutera</i>	1	
<i>marlissa</i>	1	MO
MENOSTAR	3	QL (4 EA per 28 days) PA MO
<i>mibelas 24 fe</i>	1	MO
MICROGESTIN 1.5/30	2	MO
MICROGESTIN 1/20	2	
MICROGESTIN 24 FE	2	
MICROGESTIN FE 1.5/30	2	
MICROGESTIN FE 1/20	2	
MINIVELLE	3	QL (8 EA per 28 days) PA MO
<i>mono-linyah</i>	1	
MONONESSA	2	

*You can find information on what the symbols and abbreviations on this table mean by 97 going to page 8.

Drug name	Drug tier	Requirements/Limits
<i>myzilra</i>	1	MO
<i>necon 0.5/35-28</i>	1	
<i>necon 1/35</i>	1	
NECON 10/11-28	2	
NECON 7/7/7	2	
<i>nikki</i>	1	
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate</i>	1	MO
<i>norethindrone acetate/ethinyl estradiol tabs 20mcg; 1mg</i>	1	MO
<i>norethindrone/ethinyl estradiol/ferrous fumarate</i>	1	MO
<i>norgestimate/ethinyl estradiol tabs</i>	1	MO
<i>nortrel 0.5/35 (28)</i>	1	MO
<i>nortrel 1/35</i>	1	
<i>nortrel 7/7/7</i>	1	
NUVARING	3	MO
OCELLA	2	
<i>orsythia</i>	1	
ORTHO TRI-CYCLEN LO	3	MO
<i>philith</i>	1	
<i>pimtrea</i>	1	
<i>pirmella 1/35</i>	1	
<i>pirmella 7/7/7</i>	1	MO
<i>portia-28</i>	1	
PREMARIN CREA	3	MO
PREMPHASE	3	PA MO
PREMPRO	3	PA MO
<i>previfem</i>	1	MO
<i>quasense</i>	1	
<i>rajani</i>	1	
<i>reclipsen</i>	1	
RIVELSA	2	
SEASONIQUE	3	MO
<i>setlakin</i>	1	
<i>sprintec 28</i>	1	
<i>sronyx</i>	1	MO
<i>syeda</i>	1	

Drug name	Drug tier	Requirements/Limits
<i>tarina fe 1/20</i>	1	
TILIA FE	2	
<i>tri-estarylla</i>	1	
<i>tri-legest fe</i>	1	MO
<i>tri-linyah</i>	1	
<i>tri-lo-estarylla</i>	1	
<i>tri-lo-marzia</i>	1	
<i>tri-lo-sprintec</i>	1	MO
<i>tri-previfem</i>	1	
<i>tri-sprintec</i>	1	MO
TRINESSA	2	
TRINESSA LO	2	
<i>trivora-28</i>	1	
VAGIFEM TABS 10MCG	3	MO
<i>velivet</i>	1	MO
<i>vestura</i>	1	
<i>vienva</i>	1	
<i>viorele</i>	1	MO
VIVELLE-DOT	3	QL (8 EA per 28 days) PA MO
<i>vyfemla</i>	1	MO
<i>wera</i>	1	
<i>wymzya fe</i>	1	MO
XULANE	3	MO
YASMIN 28	3	MO
<i>yuvafem</i>	1	MO
<i>zarah</i>	1	
<i>zenchent</i>	1	
<i>zenchent fe</i>	1	
<i>zovia 1/35e</i>	1	
<i>zovia 1/50e</i>	1	MO
Progestins		
AYGESTIN	3	MO
<i>camila</i>	1	MO
CRINONE	3	PA MO
<i>deblitane</i>	1	
DEPO-PROVERA INJ 150MG/ML VIAL	3	MO

*You can find information on what the symbols and abbreviations on this table mean by 99 going to page 8.

Drug name	Drug tier	Requirements/Limits
DEPO-PROVERA INJ 400MG/ML	3	B/D
DEPO-SUBQ PROVERA 104	3	MO
<i>errin</i>	1	
<i>heather</i>	1	
<i>hydroxyprogesterone caproate inj</i> <i>1.25gm/5ml</i>	4	PA
<i>jencycla</i>	1	
JOLIVETTE	2	
<i>lyza</i>	1	
<i>medroxyprogesterone acetate inj,</i> <i>tabs</i>	1	MO
MEGACE ES ORAL SUSP 625MG/5ML	3	PA MO
MEGACE ORAL SUSP 40MG/ML	3	PA MO
<i>megestrol acetate susp, tabs</i>	1	PA MO
<i>nora-be</i>	1	
<i>norethindrone acetate tabs 5mg</i>	1	MO
<i>norethindrone tabs 0.35mg</i>	1	MO
<i>norlyroc</i>	1	
<i>progesterone caps, inj</i>	1	MO
PROMETRIUM	3	MO
PROVERA	3	MO
<i>sharobel</i>	1	
Selective Estrogen Receptor Modifying Agents		
<i>raloxifene hydrochloride</i>	1	MO

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)

Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)

CYTOMEL	3	MO
LEVOTHYROXINE SODIUM INJ	3	MO
<i>levothyroxine sodium tabs</i>	1	MO
LEVOXYL TABS 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 50MCG, 75MCG, 88MCG	2	MO
<i>liothyronine sodium tabs</i>	1	MO
<i>liothyronine sodium inj</i>	4	
SYNTHROID TABS	3	MO
TIROSINT	3	MO

Drug name	Drug tier	Requirements/Limits
TRIOSTAT	4	
UNITHROID	2	
HORMONAL AGENTS, SUPPRESSANT (ADRENAL)		
<i>Hormonal Agents, Suppressant (Adrenal)</i>		
LYSODREN	2	MO
HORMONAL AGENTS, SUPPRESSANT (PITUITARY)		
<i>Hormonal Agents, Suppressant (Pituitary)</i>		
<i>cabergoline</i>	1	MO
ELIGARD	3	PA
FIRMAGON INJ 80MG	3	PA
FIRMAGON INJ 120MG	4	PA
<i>leuprolide acetate inj</i>	1	PA
LUPRON DEPOT (1-MONTH)	4	PA
LUPRON DEPOT (3-MONTH)	4	PA
LUPRON DEPOT (4-MONTH)	4	PA
LUPRON DEPOT (6-MONTH)	4	PA
LUPRON DEPOT-PED (1-MONTH) INJ 11.25MG, 15MG	4	PA
LUPRON DEPOT-PED (3-MONTH) INJ 11.25MG, 30MG	4	PA
<i>octreotide acetate</i>	1	PA
SANDOSTATIN LAR DEPOT	4	PA
SIGNIFOR 0.3MG/ML, 0.6MG/ML, 0.9MG/ML.	4	PA LA
SOMATULINE DEPOT	4	PA
SOMAVERT	4	PA LA
SYNAREL	4	MO
TRELSTAR	4	PA
TRELSTAR MIXJECT	4	PA
ZOLADEX	3	
HORMONAL AGENTS, SUPPRESSANT (THYROID)		
<i>Antithyroid Agents</i>		
<i>methimazole tabs 10mg, 5mg</i>	1	MO
<i>propylthiouracil tabs</i>	1	MO
TAPAZOLE	3	MO
IMMUNOLOGICAL AGENTS		
<i>Angioedema Agents</i>		
CINRYZE	4	PA LA

*You can find information on what the symbols and abbreviations on this table mean by 101 going to page 8.

Drug name	Drug tier	Requirements/Limits
FIRAZYR	4	PA
<i>Immune Suppressants</i>		
ASTAGRAF XL	3	B/D MO
AZASAN	3	B/D MO
<i>azathioprine inj</i>	1	B/D
<i>azathioprine tabs</i>	1	B/D MO
<i>cyclosporine modified caps, soln</i>	1	B/D MO
<i>cyclosporine inj</i>	1	B/D
<i>cyclosporine caps</i>	1	B/D MO
ENVARUSUS XR	3	B/D MO
<i>engraf caps</i>	1	B/D
<i>engraf soln</i>	1	B/D MO
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK	4	PA
HUMIRA PEN	4	QL (6 EA per 28 days) PA
HUMIRA PEN-CROHNS DISEASESTARTER	4	PA
HUMIRA PEN-PSORIASIS STARTER	4	PA
HUMIRA INJ 10MG/0.2ML, 20MG/0.4ML	4	QL (2 EA per 28 days) PA
HUMIRA INJ 40MG/0.8ML	4	QL (6 EA per 28 days) PA
IMURAN TABS	3	B/D MO
<i>methotrexate sodium inj</i> <i>100mg/4ml, 1gm/40ml, 1gm,</i> <i>200mg/8ml, 25mg/ml</i>	1	
<i>methotrexate sodium inj</i> <i>250mg/10ml, 50mg/2ml</i>	1	MO
<i>methotrexate tabs</i>	1	MO
<i>mycophenolate mofetil inj</i>	1	B/D
<i>mycophenolate mofetil caps, tabs</i>	1	B/D MO
<i>mycophenolate mofetil susr</i>	4	B/D MO
<i>mycophenolic acid dr</i>	1	B/D MO
MYFORTIC	3	B/D MO
NEORAL	2	B/D MO
NULOJIX	4	B/D
OTREXUP	3	
PROGRAF INJ	3	B/D
PROGRAF CAPS 0.5MG, 1MG	3	B/D MO

Drug name	Drug tier	Requirements/Limits
PROGRAF CAPS 5MG	4	B/D MO
RAPAMUNE TABS	3	B/D MO
RAPAMUNE SOLN	4	B/D MO
RASUVO	3	
REMICADE	4	PA
SANDIMMUNE ORAL SOLN	2	B/D MO
SANDIMMUNE INJ	3	B/D
SANDIMMUNE CAPS 100MG, 25MG	3	B/D MO
SIMULECT	4	B/D
<i>sirolimus tabs</i>	1	B/D MO
<i>tacrolimus caps 0.5mg, 1mg, 5mg</i>	1	B/D MO
TREXALL	3	B/D MO
XELJANZ	4	QL (60 EA per 30 days) PA
XELJANZ XR	4	QL (30 EA per 30 days) PA
ZORTRESS TABS 0.25MG	2	B/D MO
ZORTRESS TABS 0.5MG, 0.75MG	4	B/D MO
<i>Immunizing Agents, Passive</i>		
ATGAM	4	B/D
BIVIGAM	4	PA
CARIMUNE NANOFILTERED INJ 12GM, 6GM	4	PA
FLEBOGAMMA DIF INJ 5% 0.5GM/10ML, 5% 2.5GM/50ML, 5% 5GM/100ML, 5% 10GM/200ML, 10% 5GM/50ML, 10% 10GM/100ML, 10% 20GM/200ML	4	PA
GAMASTAN S/D	2	B/D
GAMMAGARD LIQUID INJ 1GM/10ML, 2.5GM/25ML	4	PA
GAMMAGARD S/D INJ 5GM, 10GM	4	PA
GAMMAKED INJ 1GM/10ML, 2.5GM/25ML	4	PA
GAMMAPLEX INJ 5% 5GM/100ML, 5% 10GM/200ML, 10% 20GM/200ML, 10% 5GM/50ML, 10% 10GM/100ML	4	PA

*You can find information on what the symbols and abbreviations on this table mean by 103 going to page 8.

Drug name	Drug tier	Requirements/Limits
GAMUNEX-C INJ 1GM/10ML, 2.5GM/25ML	4	PA
OCTAGAM INJ 10GM/100ML, 20GM/200ML, 2GM/20ML, 5GM/50ML	4	PA
OCTAGAM INJ 10GM/200ML, 1GM/20ML, 2.5GM/50ML, 5GM/100ML	4	PA MO
PRIVIGEN INJ 10GM/100ML, 20GM/200ML, 5GM/50ML	4	PA
THYMOGLOBULIN	4	B/D
Immunomodulators		
ACTIMMUNE	4	PA LA
ARCALYST	4	PA
BENLYSTA	4	PA
<i>leflunomide tabs</i>	1	MO
RIDAURA	4	MO
SYLVANT	4	PA
SYNAGIS	4	
XOLAIR	4	PA LA
Vaccines		
ACTHIB INJ	2	
ADACEL	2	
<i>bcg vaccine</i>	1	
BEXSERO	2	
BOOSTRIX	2	
DAPTACEL	2	
<i>diphtheria/tetanus toxoids adsorbed pediatric</i>	1	
ENGERIX-B	2	B/D
GARDASIL	2	
GARDASIL 9	2	
HAVRIX INJ 1440ELU/ML, 720ELU/0.5ML	2	
HIBERIX	2	
IMOVAX RABIES (H.D.C.V.)	2	
INFANRIX	2	
IPOL INACTIVATED IPV	2	

Drug name	Drug tier	Requirements/Limits
IXIARO	2	
KINRIX	2	
M-M-R II	2	
MENACTRA	2	
MENHIBRIX	2	
MENOMUNE-A/C/Y/W-135	3	
MENVEO	2	
PEDIARIX	2	
PEDVAX HIB INJ 7.5MCG/0.5ML	2	
PROQUAD	2	
QUADRACEL	2	
RABAVERT	2	
RECOMBIVAX HB	2	B/D
ROTARIX	2	
ROTATEQ SOLN	2	
TENIVAC	2	B/D
<i>tetanus/diphtheria toxoids-adsorbed</i>	1	
TRUMENBA	2	
TWINRIX	2	
TYPHIM VI	2	
VAQTA	2	
VARIVAX	2	
YF-VAX	2	
ZOSTAVAX	2	QL (1 EA per 999 days)

INFLAMMATORY BOWEL DISEASE AGENTS

Aminosalicylates

APRISO	2	MO
ASACOL HD	3	MO
<i>balsalazide disodium caps</i>	1	MO
CANASA SUPP 1000MG	3	MO
COLAZAL	3	MO
DELZICOL	3	MO
DIPENTUM	4	MO
GIAZO	4	MO
LIALDA	3	MO
<i>mesalamine dr tbec 800mg</i>	1	MO

*You can find information on what the symbols and abbreviations on this table mean by 105 going to page 8.

Drug name	Drug tier	Requirements/Limits
<i>mesalamine enem, kit</i>	1	MO
PENTASA	3	MO
Sulfonamides		
AZULFIDINE EN-TABS	3	MO
AZULFIDINE TABS	3	MO
<i>sulfasalazine tabs, dr tabs</i>	1	MO

METABOLIC BONE DISEASE AGENTS

Metabolic Bone Disease Agents

ACTONEL TABS 150MG	3	QL (1 EA per 28 days) ST MO
ACTONEL TABS 35MG	3	QL (12 EA per 84 days) ST MO
ACTONEL TABS 30MG, 5MG	3	QL (30 EA per 30 days) ST MO
<i>alendronate sodium soln</i>	1	MO
<i>alendronate sodium tabs 10mg, 40mg, 5mg</i>	1	QL (30 EA per 30 days) MO
<i>alendronate sodium tabs 35mg, 70mg</i>	1	QL (4 EA per 28 days) MO
ATELVIA	3	QL (4 EA per 28 days) ST MO
BINOSTO	3	QL (4 EA per 28 days) ST MO
BONIVA INJ	3	QL (3 ML per 90 days) MO
BONIVA TABS 150MG	3	QL (1 EA per 30 days) MO
<i>calcitonin-salmon nasal soln</i>	1	MO
<i>calcitriol caps 0.25mcg, 0.5mcg</i>	1	MO
<i>calcitriol inj 1mcg/ml</i>	1	
<i>calcitriol oral soln 1mcg/ml</i>	1	MO
<i>doxercalciferol caps, inj</i>	1	MO
<i>etidronate disodium</i>	1	MO
FORTEO INJ 600MCG/2.4ML	4	QL (2.4 ML per 28 days) PA
FOSAMAX PLUS D	3	QL (4 EA per 28 days) ST MO
FOSAMAX TABS 70MG	3	QL (4 EA per 28 days) ST MO
HECTOROL CAPS	3	MO
HECTOROL INJ 2MCG/ML	3	
HECTOROL INJ 4MCG/2ML	3	MO
<i>ibandronate sodium tabs</i>	1	QL (1 EA per 30 days) MO
<i>ibandronate sodium inj</i>	1	QL (3 ML per 90 days) MO
MIACALCIN NASAL SOLN	3	MO
MIACALCIN INJ	4	B/D MO
NATPARA	4	PA

Drug name	Drug tier	Requirements/Limits
<i>pamidronate disodium</i>	1	
<i>paricalcitol caps</i>	1	MO
<i>paricalcitol inj 2mcg/ml</i>	1	
<i>paricalcitol inj 5mcg/ml</i>	1	MO
PROLIA	3	QL (1 ML per 180 days)
RECLAST	3	
<i>risedronate sodium dr tabs 35mg</i>	1	QL (4 EA per 28 days) MO
<i>risedronate sodium tabs 150mg</i>	1	QL (1 EA per 28 days) MO
<i>risedronate sodium tabs 35mg</i>	1	QL (12 EA per 84 days) MO
<i>risedronate sodium tabs 30mg, 5mg</i>	1	QL (30 EA per 30 days) MO
ROCALTROL	3	MO
SENSIPAR TABS 30MG	2	QL (120 EA per 30 days)
SENSIPAR TABS 90MG	4	QL (120 EA per 30 days)
SENSIPAR TABS 60MG	4	QL (60 EA per 30 days)
XGEVA	4	PA
ZEMPLAR INJ 5MCG/ML, 2MCG/ML	3	MO
ZEMPLAR CAPS 1MCG, 2MCG	3	MO
<i>zoledronic acid inj 4mg/5ml, 5mg/100ml</i>	1	

MISCELLANEOUS THERAPEUTIC AGENTS

Miscellaneous Therapeutic Agents

ALCOHOL PREP PADS	2	MO
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"	2	MO
BD INSULIN SYRINGE ULTRAFINE/0.3ML/31G X 5/16"	2	MO
BD INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 1/2"	2	MO
BD INSULIN SYRINGE ULTRAFINE/1ML/31G X 5/16"	2	MO
BD PEN NEEDLE/ULTRAFINE/29G X 12.7M	2	MO
BOTOX INJ 200UNIT	3	QL (2 EA per 70 days) PA

*You can find information on what the symbols and abbreviations on this table mean by 107 going to page 8.

Drug name	Drug tier	Requirements/Limits
BOTOX INJ 100UNIT	3	QL (4 EA per 70 days) PA
CURITY GAUZE PADS 2"X2"	2	MO
INSUPEN 33GX4MM	2	MO
<i>methergine tabs</i>	4	MO
ORFADIN SUSP 4MG/ML	4	PA LA
SARAFEM TABS 20MG	3	QL (120 EA per 30 days) MO
SARAFEM TABS 10MG	3	QL (30 EA per 30 days) MO

OPHTHALMIC AGENTS

Ophthalmic Prostaglandin and Prostanamide Analogs

COMBIGAN	2	MO
<i>latanoprost soln</i>	1	MO
LUMIGAN	2	MO
TRAVATAN Z	2	MO
XALATAN	3	MO
ZIOPTAN	3	ST MO

Ophthalmic Agents, Other

ATROPINE SULFATE	3	MO
OPHTHALMIC SOLN 1%		
AZASITE	3	MO
<i>bacitracin/neomycin/polymyxin ophthalmic oint</i>	1	MO
<i>bacitracin/polymyxin b ophthalmic oint</i>	1	MO
<i>bacitracin ophthalmic oint 500unit/gm</i>	1	MO
BESIVANCE	2	MO
BLEPH-10 SOLN	3	MO
BLEPHAMIDE	3	MO
BLEPHAMIDE S.O.P. OINT	3	MO
CILOXAN OINT	2	MO
CILOXAN SOLN	3	MO
<i>ciprofloxacin hcl soln 0.3%</i>	1	MO
CYSTARAN	4	PA LA
<i>erythromycin oint 5mg/gm</i>	1	MO
<i>gatifloxacin soln</i>	1	MO
<i>gentak oint</i>	1	MO
<i>gentamicin sulfate ophthalmic oint 0.3%</i>	1	MO

Drug name	Drug tier	Requirements/Limits
<i>gentamicin sulfate ophthalmic soln 0.3%</i>	1	MO
<i>levofloxacin ophthalmic soln 0.5%</i>	1	MO
MAXITROL	3	MO
MOXEZA	2	MO
NATACYN	3	MO
<i>neo-polycin</i>	1	
<i>neomycin/bacitracin/polymyxin ophthalmic oint</i>	1	MO
<i>neomycin/polymyxin/bacitracin/hydrocortisone ophthalmic oint</i>	1	MO
<i>neomycin/polymyxin/dexamethasone</i>	1	MO
<i>neomycin/polymyxin/gramicidin</i>	1	MO
<i>neomycin/polymyxin/hydrocortisone ophthalmic susp 1%; 3.5mg/ml; 10000unit/ml</i>	1	MO
OCUFLOX	3	MO
<i>ofloxacin ophthalmic soln 0.3%</i>	1	MO
<i>polycin</i>	1	
<i>polymyxin b sulfate/trimethoprim sulfate</i>	1	MO
<i>proparacaine hcl</i>	1	MO
RESTASIS	2	QL (64 EA per 30 days) MO
RESTASIS MULTIDOSE	2	QL (64 ML per 30 days) MO
<i>sodium sulfacetamide soln 10%</i>	1	MO
<i>sulfacetamide sodium/prednisolone sodium phosphate ophthalmic soln</i>	1	MO
<i>sulfacetamide sodium oint 10%</i>	1	MO
<i>sulfacetamide sodium soln 10%</i>	1	MO
TOBRADEX ST SUSP	2	MO
TOBRADEX OINT	2	MO
TOBRADEX SUSP	3	MO
<i>tobramycin sulfate ophthalmic soln 0.3%</i>	1	MO
<i>tobramycin/dexamethasone susp</i>	1	MO
TOBEX	3	MO
<i>trifluridine</i>	1	MO

*You can find information on what the symbols and abbreviations on this table mean by 109 going to page 8.

Drug name	Drug tier	Requirements/Limits
<i>trimethoprim sulfate/polymyxin b sulfate</i>	1	MO
<i>triple antibiotic oint 400unit/gm; 5mg/gm; 10000unit/gm</i>	1	
VIGAMOX	2	MO
VIROPTIC	3	MO
ZIRGAN	3	MO
ZYLET	2	MO
ZYMAXID	3	MO
Ophthalmic Anti-allergy Agents		
ALOCRIL	3	MO
ALOMIDE	3	MO
<i>azelastine hcl ophthalmic soln 0.05%</i>	1	MO
BEPREVE	2	MO
<i>cromolyn sodium ophthalmic soln 4%</i>	1	MO
ELESTAT	3	MO
<i>epinastine hcl</i>	1	MO
LASTACAFT	3	MO
<i>olopatadine hcl ophthalmic soln (generic pataday) 0.2%</i>	1	MO
<i>olopatadine hcl ophthalmic soln (generic Patanol) 0.1%</i>	1	MO
PATADAY	2	MO
PATANOL	3	MO
PAZEO	2	MO
Ophthalmic Anti-inflammatories		
ACULAR	3	ST MO
ACULAR LS	3	ST MO
ACUVAIL	3	MO
ALREX	2	MO
<i>bromfenac</i>	1	MO
<i>dexamethasone sodium phosphate ophthalmic soln 0.1%</i>	1	MO
<i>diclofenac sodium ophthalmic soln 0.1%</i>	1	MO
DUREZOL	2	MO

Drug name	Drug tier	Requirements/Limits
FLAREX	3	MO
<i>fluorometholone</i>	1	MO
<i>flurbiprofen sodium ophthalmic soln 0.03%</i>	1	MO
FML	3	MO
FML FORTE	3	MO
FML LIQUIFILM	3	MO
ILEVRO	2	MO
<i>ketorolac tromethamine ophthalmic soln 0.4%, 0.5%</i>	1	MO
LOTEMAX	2	MO
MAXIDEX SUSP	2	MO
NEVANAC	3	MO
OCUFEN	3	ST MO
OMNIPRED	3	MO
PRED FORTE	3	MO
PRED MILD	3	MO
<i>prednisolone acetate ophthalmic soln 1%</i>	1	MO
<i>prednisolone sodium phosphate ophthalmic soln 1%</i>	1	MO
PROLENSA	2	MO
Ophthalmic Antiglaucoma Agents		
ALPHAGAN P SOLN 0.1%	2	MO
ALPHAGAN P SOLN 0.15%	3	MO
<i>apraclonidine</i>	1	MO
AZOPT	2	MO
BETAGAN SOLN 0.5%	3	MO
<i>betaxolol hcl soln 0.5%</i>	1	MO
BETIMOL	3	MO
BETOPTIC-S	2	MO
<i>brimonidine tartrate</i>	1	MO
<i>carteolol hcl</i>	1	MO
COSOPT	3	MO
COSOPT PF	3	
<i>dorzolamide hcl</i>	1	MO
<i>dorzolamide hcl/timolol maleate</i>	1	MO

*You can find information on what the symbols and abbreviations on this table mean by 111 going to page 8.

Drug name	Drug tier	Requirements/Limits
ISOPTO CARPINE SOLN 1%, 2%, 4%	3	MO
ISTALOL	2	MO
<i>levobunolol hcl soln 0.5%</i>	1	MO
<i>metipranolol</i>	1	MO
MIRVASO	3	MO
PHOSPHOLINE IODIDE SOLR 0.125%	3	
<i>pilocarpine hcl soln 1%, 2%, 4%</i>	1	MO
SIMBRINZA	2	MO
<i>timolol maleate ophthalmic gel forming soln</i>	1	MO
<i>timolol maleate ophthalmic soln 0.25%, 0.5%</i>	1	MO
TIMOPTIC	3	MO
TIMOPTIC OCUDOSE	3	MO
TIMOPTIC-XE	3	MO
TRUSOPT	3	MO

OTIC AGENTS

Otic Agents

<i>acetazol hc</i>	1	
<i>acetic acid otic soln</i>	1	MO
<i>acetic acid/aluminum acetate soln 2%</i>	1	MO
CIPRO HC OTIC SUSP	3	MO
CIPRODEX	2	MO
<i>fluocinolone acetonide otic oil 0.01%</i>	1	MO
<i>hydrocortisone/acetic acid</i>	1	MO
<i>neomycin/polymyxin/hydrocortisone otic soln</i>	1	MO
<i>neomycin/polymyxin/hydrocortisone otic susp 1%; 3.5mg/ml; 10000unit/ml</i>	1	MO
<i>ofloxacin otic soln 0.3%</i>	1	MO

RESPIRATORY TRACT/PULMONARY AGENTS

Anti-inflammatories, Inhaled Corticosteroids

ADVAIR DISKUS	2	QL (60 EA per 30 days) MO
ADVAIR HFA	2	QL (12 GM per 30 days) MO

Drug name	Drug tier	Requirements/Limits
AEROSPAN	3	QL (17.8 GM per 30 days) MO
ARNUITY ELLIPTA	2	QL (30 EA per 30 days) MO
BECONASE AQ SUSP	3	QL (50 GM per 30 days) MO
BREO ELLIPTA	2	QL (60 EA per 30 days) MO
<i>budesonide nasal spray</i>	1	QL (17.2 GM per 30 days) MO
<i>budesonide susp 0.25mg/2ml, 0.5mg/2ml, 1mg/2ml</i>	1	B/D MO
FLOVENT DISKUS AEPB 100MCG/ BLIST, 50MCG/BLIST	2	QL (120 EA per 30 days) MO
FLOVENT DISKUS AEPB 250MCG/ BLIST	2	QL (240 EA per 30 days) MO
FLOVENT HFA AERO 44MCG/ACT	2	QL (21.2 GM per 30 days) MO
FLOVENT HFA AERO 110MCG/ ACT, 220MCG/ACT	2	QL (24 GM per 30 days) MO
<i>flunisolide soln 0.025%</i>	1	MO
<i>fluticasone propionate susp 50mcg/act</i>	1	QL (16 GM per 30 days) MO
<i>mometasone furoate susp 50mcg/ act</i>	1	QL (34 GM per 30 days) MO
NASONEX	3	QL (34 GM per 30 days) ST MO
OMNARIS	3	QL (12.5 GM per 30 days) MO
PULMICORT FLEXHALER	2	QL (2 EA per 30 days) MO
PULMICORT INHALATION SUSP	3	B/D MO
SYMBICORT	2	QL (10.2 GM per 30 days) MO
<i>triamcinolone acetonide aero 55mcg/act</i>	1	MO
VERAMYST	3	QL (10 GM per 30 days) MO
Antihistamines		
<i>arbinoxa tabs</i>	1	PA
ASTEPRO SOLN 0.15%	3	QL (30 ML per 25 days) MO
<i>azelastine hcl nasal soln 0.1%, 0.15%</i>	1	QL (30 ML per 25 days) MO
<i>carbinoxamine maleate soln, tabs</i>	1	PA MO
<i>cetirizine hcl syrp 1mg/ml</i>	1	QL (300 ML per 30 days) MO
CLARINEX TABS	3	QL (30 EA per 30 days) MO
CLARINEX SYRP	3	QL (300 ML per 30 days) MO
<i>clemastine fumarate tabs 2.68mg</i>	1	PA MO
<i>cyproheptadine hcl syrp, tabs</i>	1	PA MO

*You can find information on what the symbols and abbreviations on this table mean by 113 going to page 8.

Drug name	Drug tier	Requirements/Limits
<i>desloratadine odt tabs</i>	1	QL (30 EA per 30 days) MO
<i>desloratadine tabs</i>	1	QL (30 EA per 30 days) MO
<i>diphenhydramine hcl inj 50mg/ml</i>	1	PA MO
<i>hydroxyzine hcl inj, syrp, tabs</i>	1	PA MO
<i>hydroxyzine pamoate caps</i>	1	PA MO
<i>levocetirizine dihydrochloride tabs</i>	1	QL (30 EA per 30 days) MO
<i>levocetirizine dihydrochloride soln</i>	1	QL (300 ML per 30 days) MO
<i>olopatadine hcl nasal soln 0.6%</i>	1	QL (30.5 GM per 30 days) MO
PATANASE	3	QL (30.5 GM per 30 days) MO
PHENERGAN INJ 25MG/ML, 50MG/ML	3	PA MO
<i>promethazine hcl inj 25mg/ml, 50mg/ml</i>	1	PA MO
<i>promethazine hcl syrp 6.25mg/5ml</i>	1	PA MO
<i>promethazine hcl tabs 12.5mg, 25mg, 50mg</i>	1	PA MO
<i>promethazine vc plain syrp</i>	1	PA MO
<i>promethazine/phenylephrine syrp</i>	1	PA MO
VISTARIL CAPS 25MG, 50MG	3	PA MO
XYZAL TABS	3	QL (30 EA per 30 days) MO
XYZAL SOLN	3	QL (300 ML per 30 days) MO
Antileukotrienes		
ACCOLATE	3	QL (60 EA per 30 days) MO
<i>montelukast sodium chew, granules, tabs</i>	1	QL (30 EA per 30 days) MO
SINGULAIR	3	QL (30 EA per 30 days) ST MO
<i>zafirlukast</i>	1	QL (60 EA per 30 days) MO
Bronchodilators, Anticholinergic		
ATROVENT HFA	3	QL (25.8 GM per 30 days) MO
COMBIVENT RESPIMAT	3	QL (8 GM per 30 days) MO
INCRUSE ELLIPTA	2	QL (30 EA per 30 days) MO
<i>ipratropium bromide/albuterol sulfate neb</i>	1	B/D MO
<i>ipratropium bromide inhalation soln</i>	1	B/D MO
<i>ipratropium bromide nasal soln 0.03%</i>	1	QL (30 ML per 30 days) MO

Drug name	Drug tier	Requirements/Limits
<i>ipratropium bromide nasal soln 0.06%</i>	1	QL (45 ML per 30 days) MO
Bronchodilators, Sympathomimetic		
ADRENALIN INJ 30MG/30ML	3	QL (2 ML per 30 days)
ADRENALIN INJ 1MG/ML	3	QL (2 ML per 30 days) MO
<i>albuterol sulfate er tabs</i>	1	MO
<i>albuterol sulfate nebu</i>	1	B/D MO
<i>albuterol sulfate syrp, tabs</i>	1	MO
BEVESPI AEROSPHERE	2	QL (10.7 GM per 30 days) MO
BROVANA	3	QL (120 ML per 30 days) B/D MO
<i>epinephrine junior inj 0.15mg/0.3ml</i>	1	QL (2 EA per 30 days)
<i>epinephrine inj 0.15mg/0.15ml, 0.3mg/0.3ml</i>	1	QL (2 EA per 30 days) MO
EPIPEN 2-PAK	2	MO
EPIPEN-JR 2-PAK	2	QL (2 EA per 30 days) MO
<i>levalbuterol hcl nebu 0.31mg/3ml, 0.63mg/3ml, 1.25mg/3ml</i>	1	B/D MO
LEVALBUTEROL TARTRATE HFA	3	QL (30 GM per 30 days) MO
<i>levalbuterol nebu 1.25mg/0.5ml</i>	1	B/D MO
<i>metaproterenol sulfate syrp, tabs</i>	1	MO
PERFOROMIST	3	QL (120 ML per 30 days) B/D MO
SEREVENT DISKUS	2	QL (60 EA per 30 days) MO
<i>terbutaline sulfate inj, tabs</i>	1	MO
VENTOLIN HFA	2	QL (36 GM per 30 days) MO
XOPENEX HFA 45MCG/ACT	2	QL (30 GM per 30 days) MO
XOPENEX NEBU 0.31MG/3ML, 0.63MG/3ML, 1.25MG/3ML	3	B/D MO
Cystic Fibrosis Agents		
BETHKIS	4	QL (224 ML per 56 days) B/D LA
CAYSTON	4	PA LA
KALYDECO	4	PA
ORKAMBI	4	PA
PULMOZYME	4	PA
TOBI	4	QL (280 ML per 56 days) B/D LA

*You can find information on what the symbols and abbreviations on this table mean by 115 going to page 8.

Drug name	Drug tier	Requirements/Limits
TOBI PODHALER	4	QL (224 EA per 42 days) PA
<i>tobramycin nebu 300mg/5ml</i>	1	QL (280 ML per 56 days) B/D
Mast Cell Stabilizers		
<i>cromolyn sodium nebu 20mg/2ml</i>	1	B/D MO
Phosphodiesterase Inhibitors, Airways Disease		
<i>aminophylline inj</i>	1	MO
DALIRESP	3	MO
ELIXOPHYLLIN	3	MO
THEO-24	3	MO
<i>theophylline cr tab 12hr 100mg, 200mg</i>	1	MO
<i>theophylline er tab 12hr, tab 24hr</i>	1	MO
<i>theophylline oral soln 80mg/15ml</i>	1	MO
Pulmonary Antihypertensives		
ADCIRCA	4	PA
ADEMPAS	4	QL (90 EA per 30 days) PA LA
<i>epoprostenol sodium</i>	1	PA LA
LETAIRIS	4	QL (30 EA per 30 days) PA LA
OPSUMIT	4	PA LA
REMODULIN	4	PA LA
REVATIO INJ	4	QL (1125 ML per 30 days) PA
REVATIO SUSR 10MG/ML	4	QL (224 ML per 30 days) PA
REVATIO TABS	4	QL (90 EA per 30 days) PA
<i>sildenafil tabs 20mg</i>	1	QL (90 EA per 30 days) PA
<i>sildenafil inj</i>	4	QL (1125 ML per 30 days) PA
TRACLEER TABS 62.5MG	4	QL (120 EA per 30 days) PA LA
TRACLEER TABS 125MG	4	QL (60 EA per 30 days) PA LA
UPTRAVI TITRATION PAK	4	PA LA
UPTRAVI TABS 800MCG	4	QL (120 EA per 30 days) PA LA
UPTRAVI TABS 600MCG	4	QL (150 EA per 30 days) PA LA
UPTRAVI TABS 400MCG	4	QL (240 EA per 30 days) PA LA
UPTRAVI TABS 200MCG	4	QL (480 EA per 30 days) PA LA
UPTRAVI TABS 1200MCG, 1400MCG, 1600MCG	4	QL (60 EA per 30 days) PA LA
UPTRAVI TABS 1000MCG	4	QL (90 EA per 30 days) PA LA
VENTAVIS	4	PA

Drug name	Drug tier	Requirements/Limits
<i>Pulmonary Fibrosis Agents</i>		
ESBRIET	4	PA
OFEV	4	PA
<i>Respiratory Tract Agents, Other</i>		
<i>acetylcysteine inj</i>	1	
<i>acetylcysteine inhalation soln</i>	1	B/D MO
ANORO ELLIPTA	2	QL (60 EA per 30 days) MO
<i>ribavirin nebu soln 6gm</i>	4	
VIRAZOLE	4	
SKELETAL MUSCLE RELAXANTS		
<i>Skeletal Muscle Relaxants</i>		
<i>chlorzoxazone tabs 500mg</i>	1	QL (180 EA per 30 days) PA MO
<i>cyclobenzaprine hcl tabs</i>	1	QL (90 EA per 30 days) PA MO
SLEEP DISORDER AGENTS		
<i>GABA Receptor Modulators</i>		
EDLUAR SUBL 10MG	3	QL (30 EA per 30 days) PA MO
EDLUAR SUBL 5MG	3	QL (60 EA per 30 days) PA MO
<i>eszopiclone</i>	1	QL (30 EA per 30 days) PA MO
INTERMEZZO	3	QL (30 EA per 30 days) PA MO
LUNESTA	3	QL (30 EA per 30 days) PA MO
SONATA CAPS 5MG	3	QL (30 EA per 30 days) PA MO
SONATA CAPS 10MG	3	QL (60 EA per 30 days) PA MO
<i>zaleplon caps 5mg</i>	1	QL (30 EA per 30 days) PA MO
<i>zaleplon caps 10mg</i>	1	QL (60 EA per 30 days) PA MO
<i>zolpidem tartrate immediate release tabas</i>	1	QL (30 EA per 30 days) PA MO
<i>Sleep Disorders, Other</i>		
<i>armodafinil</i>	1	QL (30 EA per 30 days) PA MO
HETLIOZ	4	PA LA
<i>modafinil tabs 100mg</i>	1	QL (30 EA per 30 days) PA MO
<i>modafinil tabs 200mg</i>	1	QL (60 EA per 30 days) PA MO
NUVIGIL	3	QL (30 EA per 30 days) PA MO
<i>phenobarbital sodium inj 130mg/ml, 65mg/ml</i>	1	PA
PROVIGIL TABS 100MG	4	QL (30 EA per 30 days) PA MO
PROVIGIL TABS 200MG	4	QL (60 EA per 30 days) PA MO
ROZEREM	3	QL (30 EA per 30 days) MO

*You can find information on what the symbols and abbreviations on this table mean by 117 going to page 8.

Drug name	Drug tier	Requirements/Limits
SILENOR TABS 6MG	2	QL (30 EA per 30 days) MO
SILENOR TABS 3MG	2	QL (60 EA per 30 days) MO
XYREM	4	QL (540 ML per 30 days) PA LA

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AMINOSYN	76	<i>ampicillin sodium</i>	22	ARNUIITY ELLIPTA	113
AMINOSYN 7%/ ELECTROLYTES	76	<i>ampicillin-sulbactam</i>	22	AROMASIN	41
AMINOSYN 8.5%/ ELECTROLYTES	76	AMPYRA	72	ARRANON	39
AMINOSYN II	76	ANADROL-50	94	ARTHROTEC 50	10
AMINOSYN II 8.5%/ ELECTROLYTES	76	ANAFRANIL	32	ARTHROTEC 75	10
AMINOSYN M	76	<i>anagrelide</i>	58	ARZERRA	43
AMINOSYN-HBC	76	<i>hydrochloride</i>		ASACOL HD	105
AMINOSYN-PF 10%	76	ANAPROX DS	10	<i>ascomp/codeine</i>	10
AMINOSYN-PF 7%	76	<i>anastrozole</i>	41	<i>ashlyna</i>	95
AMINOSYN-RF	76	ANDRODERM	94	<i>aspirin/dipyridamole</i>	59
<i>amiodarone hcl</i>	63	ANDROGEL	94	ASTAGRAF XL	102
AMITIZA	86	ANDROGEL PUMP	94	ASTEPRO	113
<i>amitriptyline hcl</i>	32	ANGELIQ	95	ATACAND	60
<i>amlodipine besylate</i>	64	ANORO ELLIPTA	117	ATACAND HCT	60
<i>amlodipine besylate/ atorvastatin calcium</i>	64	ANTABUSE	17	ATELVIA	106
<i>amlodipine besylate/benazepril hydrochloride</i>	64	ANTARA	67	<i>atenolol</i>	63
<i>amlodipine besylate/ valsartan</i>	60	ANUSOL-HC	90	<i>atenolol/ chlorthalidone</i>	63
<i>amlodipine/ olmesartan medoxomil</i>	60	APEXICON E	90	ATGAM	103
<i>amlodipine/valsartan/ hctz</i>	60	APOKYN	45	<i>atomoxetine</i>	70
<i>ammonium lactate</i>	73	<i>apraclonidine</i>	111	<i>atorvastatin calcium</i>	68
<i>amoxapine</i>	32	<i>aprepitant</i>	33	<i>atovaquone</i>	44
<i>amoxicillin</i>	22	<i>apri</i>	95	<i>atovaquone/proguanil hcl</i>	44
<i>amoxicillin/ clavulanate potassium</i>	22	APRISO	105	ATRALIN	73
<i>amoxicillin/ clavulanate potassium er</i>	22	APTENSIO XR	70	ATRIPLA	51
<i>amphetamine/ dextroamphetamine</i>	70	APTOM	25	ATROPINE SULFATE	108
<i>amphotericin b</i>	34	APTIVUS	52	ATROPINE SULFATE	85
<i>ampicillin</i>	22	ARALAST NP	88	ATROVENT HFA	114
		<i>aranelle</i>	95	<i>aubra</i>	95
		ARANESP ALBUMIN FREE	58	<i>augmented betamethasone dipropionate</i>	90
		<i>arbinoxa</i>	113	AUGMENTIN	22
		ARCALYST	104	AUGMENTIN ES-600	22
		ARICEPT	29	AURYXIA	80
		ARIMIDEX	41	AVALIDE	61
		<i>aripiprazole</i>	47	AVANDIA	55
		<i>aripiprazole odt</i>	47	AVAPRO	61
		ARISTADA	47		
		<i>armodafinil</i>	117		

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AVASTIN	39	<i>balsalazide disodium</i>	105	BETASERON	72
AVELOX	23	<i>caps</i>		<i>betaxolol hcl</i>	63
AVELOX ABC PACK	23	<i>balziva</i>	95	<i>betaxolol hcl</i>	111
<i>aviane</i>	95	BANZEL	28	<i>bethanechol chloride</i>	89
AVITA	73	BARACLUDE	50	BETHKIS	115
AVODART	89	BAVENCIO	43	BETIMOL	111
AXERT	36	<i>bcg vaccine</i>	104	BETOPTIC-S	111
AXIRON	94	BD INSULIN SYRINGE	107	BEVESPI	115
AYGESTIN	99	SAFETYGLIDE/1ML/ 29G X 1/2"		AEROSPHERE	
<i>azacitidine</i>	59	BD INSULIN SYRINGE	107	<i>bexarotene</i>	43
AZACTAM IN ISO- OSMOTIC DEXTROSE	21	ULTRAFINE/0.3ML/ 31G X 5/16"		BEXSERO	104
AZASAN	102	BD INSULIN SYRINGE	107	BIAXIN	23
AZASITE	108	ULTRAFINE/0.5ML/ 30G X 1/2"		<i>bicalutamide</i>	38
<i>azathioprine</i>	102	BD INSULIN SYRINGE	107	BICILLIN L-A	22
<i>azelastine hcl</i>	110	ULTRAFINE/1ML/ 31G X 5/16"		BICNU	39
<i>azelastine hcl</i>	113	BD PEN NEEDLE/ ULTRAFINE/ 29G X 12.7M	107	BIDIL	69
AZILECT	46	BECONASE AQ	113	BILTRICIDE	44
AZITHROMYCIN	23	<i>bekyree</i>	95	BINOSTO	106
AZOPT	111	BELEODAQ	42	<i>bisoprolol fumarate</i>	63
AZOR	61	<i>benazepril hcl</i>	62	<i>bisoprolol fumarate/ hydrochlorothiazide</i>	63
<i>aztreonam</i>	21	<i>benazepril hcl/ hydrochlorothiazide</i>	62	BIVIGAM	103
AZULFIDINE	106	BENDEKA	37	BLEO 15K	39
AZULFIDINE EN-TABS	106	BENICAR	61	<i>bleomycin sulfat</i>	39
<i>azurette</i>	95	BENICAR HCT	61	BLEPH-10	108
<i>baciim</i>	18	BENLYSTA	104	BLEPHAMIDE	108
<i>bacitracin</i>	108	BENTYL	85	BLEPHAMIDE S.O.P.	108
<i>bacitracin</i>	18	<i>benztropine mesylate</i>	45	OINT	
<i>bacitracin/neomycin/ polymyxin ophthalmic oint</i>	108	BEPREVE	110	BLINCYTO	43
<i>bacitracin/polymyxin b ophthalmic oint</i>	108	BESIVANCE	108	<i>blisovi 24 fe</i>	95
<i>baclofen</i>	50	BETAGAN	111	<i>blisovi fe 1.5/30</i>	95
BACTRIM	24	<i>betamethasone dipropionate</i>	90	<i>blisovi fe 1/20</i>	95
BACTRIM DS	24	<i>betamethasone valerate</i>	90	BONIVA	106
BACTROBAN CREA	73			BOOSTRIX	104
BACTROBAN NASAL	18			BOSULIF	42
BAL-CARE DHA	80			BOTOX	107
				BREO ELLIPTA	113
				<i>briellyn</i>	95
				BRILINTA	59

Drug name	Page	Drug name	Page	Drug name	Page
<i>brimonidine tartrate</i>	111	<i>cabergoline</i>	101	<i>carbidopa/levodopa</i>	45
BRIVIACT	25	CABOMETYX	42	<i>er</i>	
<i>bromfenac</i>	110	CADUET	64	<i>carbidopa/levodopa</i>	45
<i>bromocriptine</i>	45	CAFERGOT	35	<i>odt</i>	
<i>mesylate</i>		CALAN	64	<i>carbidopa/levodopa</i>	45
BROVANA	115	CALAN SR	64	<i>tabs</i>	
<i>budesonide</i>	90	<i>calcipotriene</i>	73	<i>carbidopa/levodopa/</i>	45
<i>budesonide</i>	113	<i>calcipotriene/</i>	73	<i>entacapone</i>	
<i>budesonide nasal</i>	113	<i>betamethasone</i>		<i>carbinoxamine</i>	113
<i>spray</i>		<i>dipropionate oint</i>		<i>maleate</i>	
<i>bumetanide</i>	66	<i>calcitonin-salmon</i>	106	<i>carboplatin</i>	39
<i>bupap</i>	10	<i>calcitrene</i>	73	CARDIZEM	65
BUPHENYL	88	<i>calcitriol</i>	73	CARDIZEM CD	65
<i>buprenorphine</i>	12	<i>calcitriol</i>	106	CARDIZEM LA	65
<i>buprenorphine hcl</i>	17	<i>calcium acetate</i>	80	CARDURA	60
<i>buprenorphine hcl/</i>	17	CALCIUM PNV	80	CARDURA XL	89
<i>naloxone hcl</i>		CAMBIA	11	CARIMUNE	103
<i>bupropion hcl</i>	29	<i>camila</i>	99	NANOFILTERED	
<i>bupropion hcl sr</i>	17	CAMRESE	95	CARNITOR	79
<i>bupropion hcl sr</i>	29	CAMRESE LO	95	CARNITOR SF	79
<i>bupropion hcl xl</i>	29	CANASA	105	<i>carteolol hcl</i>	111
<i>bupirone hcl</i>	53	CANCIDAS	34	<i>cartia xt</i>	65
<i>busulfan</i>	37	<i>candesartan cilexetil</i>	61	<i>carvedilol</i>	63
BUSULFEX	37	<i>candesartan cilexetil/</i>	61	CASODEX	38
<i>butalbital/</i>	10	<i>hydrochlorothiazide</i>		CATAPRES TABS	60
<i>acetaminophen/</i>		<i>capacet</i>	10	CATAPRES-TTS-1	60
<i>caffeine</i>		CAPASTAT SULFATE	37	PATCHES	
<i>butalbital/</i>	10	CAPEX	90	CATAPRES-TTS-2	60
<i>acetaminophen/</i>		CAPRELSA	42	PATCHES	
<i>caffeine/codeine</i>		<i>captopril</i>	62	CATAPRES-TTS-3	60
<i>butalbital/aspirin/</i>	10	<i>captopril/</i>	62	PATCHES	
<i>caffeine</i>		<i>hydrochlorothiazide</i>		CAYSTON	115
<i>butalbital/aspirin/</i>	10	CARAC	73	<i>caziant</i>	95
<i>caffeine/codeine</i>		CARAFATE	87	<i>cefaclor</i>	20
<i>butorphanol tartrate</i>	14	CARBAGLU	88	<i>cefaclor er</i>	20
BUTRANS	12	<i>carbamazepine</i>	28	<i>cefadroxil</i>	20
BYDUREON	55	<i>carbamazepine er</i>	28	CEFAZOLIN	20
BYDUREON PEN	55	CARBATROL	28	<i>cefazolin sodium</i>	20
BYETTA	55	<i>carbidopa</i>	45	CEFAZOLIN SODIUM/	20
BYSTOLIC	63			DEXTROSE	

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<i>cefdinir</i>	20	<i>chloramphenicol sodium succinate</i>	18	CITRANATAL RX	80
CEFEPIME	20	<i>chlordiazepoxide hcl</i>	54	<i>cladribine</i>	39
CEFEPIME/ DEXTROSE	20	<i>chlordiazepoxide/ amitriptyline</i>	32	<i>claravis</i>	73
<i>cefixime</i>	20	<i>chlorhexidine gluconate</i>	72	CLARINEX	113
<i>cefotaxime sodium</i>	20	<i>chloroquine phosphate</i>	44	<i>clarithromycin</i>	23
<i>cefotetan</i>	20	<i>chlorothiazide tabs</i>	67	<i>clarithromycin er</i>	23
CEFOTETAN/ DEXTROSE	20	<i>chlorpromazine hcl</i>	46	<i>clemastine fumarate</i>	113
CEFOXITIN SODIUM	20	<i>chlorthalidone</i>	67	CLEOCIN CAPS, 2% VAGINAL CREAM AND 100MG SUPPOSITORY	18
<i>cefpodoxime proxetil</i>	21	<i>chlorzoxazone</i>	117	CLEOCIN	18
<i>cefprozil</i>	21	<i>cholestyramine</i>	68	PHOSPHATE	
<i>ceftazidime</i>	21	<i>cholestyramine light</i>	68	CLEOCIN-T	73
CEFTAZIDIME/ DEXTROSE	21	<i>ciclodan</i>	34	CLIMARA	95
CEFTIN	21	<i>ciclopirox</i>	34	CLINDACIN ETZ	73
<i>ceftriaxone in iso- osmotic dextrose</i>	21	<i>ciclopirox nail lacquer</i>	34	<i>clindacin etz pledgets kit</i>	73
<i>ceftriaxone sodium</i>	21	<i>ciclopirox olamine</i>	34	CLINDACIN PAC KIT 1%	73
CEFTRIAZONE/ DEXTROSE	21	<i>cilostazol</i>	60	<i>clindacin-p pad 1%</i>	73
<i>cefuroxime axetil</i>	21	CILOXAN	108	CLINDAGEL	73
<i>cefuroxime sodium</i>	21	<i>cimetidine</i>	86	<i>clindamycin hcl</i>	18
CELEBREX	11	<i>cimetidine hcl</i>	86	<i>clindamycin inj 900mg/60ml</i>	18
<i>celecoxib</i>	11	CINRYZE	101	<i>clindamycin palmitate hcl 75mg/5ml</i>	18
CELEXA	30	CIPRO	23	<i>clindamycin</i>	18
CELONTIN	26	CIPRO HC OTIC SUSP	112	<i>phosphate</i>	73
<i>cephalexin</i>	21	CIPRO I.V.-IN D5W	23	<i>clindamycin phosphate in d5w</i>	18
CERDELGA	88	CIPRODEX	112	<i>clindamycin/benzoyl peroxide</i>	74
CEREZYME	88	CIPROFLOXACIN	24	CLINDESSE	18
<i>cetirizine hcl</i>	113	<i>ciprofloxacin er</i>	23	CLINIMIX 2.75%/ DEXTROSE 5%	76
<i>cevimeline hcl</i>	72	<i>ciprofloxacin hcl</i>	24	CLINIMIX 4.25%/ DEXTROSE 10%	76
CHANTIX	17	<i>ciprofloxacin hcl</i>	108	CLINIMIX 4.25%/ DEXTROSE 20%	76
CHANTIX	17	<i>ciprofloxacin i.v.-in d5w</i>	24		
CONTINUING MONTH PAK		<i>cisplatin</i>	39		
CHANTIX STARTING MONTH PAK	17	<i>citalopram hydrobromide</i>	30		
<i>chateal</i>	95	CITRANATAL 90 DHA	80		
CHEMET	79	CITRANATAL B-CALM	80		

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CLINIMIX 4.25%/ DEXTROSE 25%	76	COGENTIN	45	COSOFT PF	111
CLINIMIX 4.25%/ DEXTROSE 5%	76	COLAZAL	105	COTELIC	42
CLINIMIX 5%/ DEXTROSE 15%	76	<i>colchicine</i>	35	COUMADIN	58
CLINIMIX 5%/ DEXTROSE 20%	76	COLCRYS	35	COZAAR	61
CLINIMIX 5%/ DEXTROSE 25%	76	COLESTID	68	CREON	88
<i>clinisol sf 15%</i>	76	COLESTID FLAVORED	68	CRESTOR	68
<i>clinpro 5000</i>	72	<i>colestipol hcl</i>	68	CRINONE	99
<i>clobetasol propionate</i>	90	<i>colistimethate sodium</i>	18	CRIXIVAN	52
<i>clobetasol propionate emollient</i>	90	<i>colocort</i>	90	<i>cromolyn sodium</i>	110
<i>clobetasol propionate emollient crea</i>	90	COMBIGAN	108	<i>cromolyn sodium</i>	116
CLOBEX	90	COMBIPATCH	95	<i>cryselle-28</i>	95
<i>clodan shampoo</i>	90	COMBIVENT	114	CUBICIN	18
CLODERM	90	RESPIMAT		CUBICIN RF	18
CLODERM PUMP	90	COMETRIQ	42	CURITY GAUZE PADS 2"X2"	108
<i>clofarabine</i>	38	COMPLERA	51	CUTIVATE	90
CLOLAR	39	COMPLETENATE	80	CUVPOSA	85
<i>clomipramine hcl</i>	32	<i>compro</i>	46	<i>cyclafem 1/35</i>	95
<i>clonazepam</i>	26	COMTAN	45	<i>cyclafem 7/7/7</i>	95
<i>clonazepam odt</i>	26	CONCEPT DHA	80	<i>cyclobenzaprine hcl</i>	117
<i>clonidine hcl</i>	60	CONCEPT OB	80	<i>cyclophosphamide</i>	37
<i>clonidine hcl er</i>	70	CONCERTA	70	<i>cycloserine</i>	37
<i>clopidogrel</i>	60	CONDYLOX	74	CYCLOSET	55
<i>clorazepate dipotassium</i>	54	<i>constulose</i>	86	<i>cyclosporine</i>	102
<i>clotrimazole</i>	34	CONZIP	12	<i>cyclosporine modified caps, soln</i>	102
<i>clotrimazole/ betamethasone dipropionate</i>	34	COPAXONE	72	CYMBALTA	30
<i>clozapine</i>	49	COPEGUS	50	<i>cyproheptadine hcl</i>	113
<i>clozapine odt</i>	49	CORDRAN	90	CYRAMZA	42
CLOZARIL	49	COREG	63	<i>cyred</i>	95
COARTEM	44	COREG CR	64	CYSTADANE	88
<i>codeine sulfate</i>	14	CORGARD	64	CYSTAGON	88
		CORLANOR	66	CYSTARAN	108
		<i>cormax scalp application</i>	90	<i>cytarabine aqueous</i>	39
		CORTEF	90	CYTOMEL	100
		<i>cortisone acetate</i>	90	CYTOTEC	87
		CORTISPORIN	74	<i>dacarbazine</i>	39
		TOPICAL CREA, OINT		DALIRESP	116
		COSMEGEN	39		
		COSOFT	111		

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<i>danazol</i>	94	DEPO-	94	<i>dextrose 10%</i>	76
<i>dantrolene sodium</i>	50	TESTOSTERONE		DEXTROSE 10%/	76
<i>dapsone</i>	37	DESCOVY	52	NACL 0.2%	
DAPTACEL	104	<i>desipramine hcl</i>	32	<i>dextrose 2.5%/nacl</i>	76
<i>daptomycin</i>	18	<i>desloratadine odt</i>	114	0.45%	
<i>darifenacin</i>	88	<i>tabs</i>		DEXTROSE 20%	76
<i>hydrobromide er</i>		<i>desloratadine tabs</i>	114	DEXTROSE 25%	76
DARZALEX	43	<i>desmopressin acetate</i>	93	DEXTROSE 30%	76
<i>dasetta 1/35</i>	96	<i>desogestrel/ethinyl</i>	96	DEXTROSE 40%	76
<i>dasetta 7/7/7</i>	96	<i>estradiol</i>		<i>dextrose 5%</i>	76
<i>daunorubicin hcl</i>	39	DESONATE	90	<i>dextrose 5%/lactated</i>	77
DAYPRO	11	<i>desonide</i>	90	<i>ringers</i>	
<i>daysee</i>	96	DESOWEN	90	<i>dextrose 5%/nacl</i>	77
DDAVP	93	<i>desoximetasone</i>	90	0.2%	
<i>deblitane</i>	99	DESVENLAFAXINE ER	30	DEXTROSE 5%/NACL	77
<i>decitabine</i>	39	DETROL LA CAPS	88	0.225%	
DELESTROGEN	96	DETROL TABS	88	DEXTROSE 5%/NACL	77
<i>deltasone</i>	90	<i>dexamethasone</i>	91	0.3%	
<i>delyla</i>	96	<i>dexamethasone</i>	91	<i>dextrose 5%/nacl</i>	77
DELZICOL	105	<i>intensol oral soln conc</i>		0.33%	
DEMADEX	66	<i>dexamethasone</i>	91	<i>dextrose 5%/nacl</i>	77
DEMEROL	14	<i>sodium phosphate</i>		0.45%	
DEMSEK	66	<i>dexamethasone</i>	110	<i>dextrose 5%/nacl</i>	77
DENAVIR	53	<i>sodium phosphate</i>		0.9%	
<i>dentagel</i>	72	DEXEDRINE	70	<i>dextrose 50%</i>	77
DEPAKENE	26	DEXILANT	87	<i>dextrose 70%</i>	77
DEPAKOTE	26	<i>dexmethylphenidate</i>	70	DIAMOX	66
DEPAKOTE ER	26	<i>hcl er</i>		DIASTAT ACUDIAL	26
DEPAKOTE	26	<i>dexmethylphenidate</i>	70	DIASTAT PEDIATRIC	26
SPRINKLES		<i>hcl tabs</i>		<i>diazepam</i>	26
DEPEN TITRATABS	79	DEXPAK 13 DAY	91	<i>diazepam</i>	54
DEPOCYT	38	<i>dexrazoxane</i>	39	<i>diazepam intensol</i>	54
DEPO-ESTRADIOL	96	<i>dextroamphetamine</i>	70	<i>oral soln conc 5mg/ml</i>	
DEPO-MEDROL	90	<i>sulfate</i>		<i>diclofenac potassium</i>	11
DEPO-PROVERA	100	<i>dextroamphetamine</i>	70	<i>diclofenac sodium</i>	11
DEPO-PROVERA INJ	99	<i>sulfate er caps</i>		<i>diclofenac sodium</i>	74
150MG/ML VIAL		DEXTROSE 10%/	76	<i>diclofenac sodium</i>	110
DEPO-SUBQ	100	NACL 0.45%		<i>diclofenac sodium dr</i>	11
PROVERA	104	DEXTROSE 5% /	76	<i>diclofenac sodium er</i>	11
		ELECTROLYTE #48		<i>diclofenac sodium/</i>	11
		VIAFLEX		<i>misoprostol</i>	

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<i>dicloxacillin sodium</i>	22	DIVIGEL	96	DURLAZA	60
<i>dicyclomine hcl</i>	85	<i>docetaxel</i>	39	<i>dutasteride</i>	89
<i>didanosine</i>	52	<i>dofetilide</i>	63	<i>dutasteride/</i>	89
DIFICID	23	DOLOPHINE	12	<i>tamsulosin</i>	
<i>diflorasone diacetate</i>	91	<i>donepezil hcl</i>	29	<i>hydrochloride</i>	
DIFLUCAN	34	<i>dorzolamide hcl</i>	111	DYAZIDE	67
<i>diflunisal</i>	11	<i>dorzolamide hcl/</i>	111	DYRENIUM	67
<i>digitek</i>	66	<i>timolol maleate</i>		E.E.S. 400	23
<i>digox</i>	66	DOVONEX	74	E.E.S. GRANULES	23
DIGOXIN	66	<i>doxazosin mesylate</i>	60	EC-NAPROSYN	11
<i>dihydroergotamine</i>	35	<i>doxazosin mesylate</i>	60	<i>econazole nitrate</i>	34
<i>mesylate</i>		<i>tabs 4mg</i>		EDARBI	61
DILANTIN	28	<i>doxepin hcl</i>	32	EDLUAR	117
DILANTIN INFATABS	28	<i>doxepin hydrochloride</i>	74	EDURANT	51
DILANTIN-125	28	<i>5% crea</i>		EFFERVESCENT POT	77
DILAUDID	14	<i>doxercalciferol caps,</i>	106	CHLORIDE	
<i>diltiazem cd</i>	65	<i>inj</i>		EFFEXOR XR	30
<i>diltiazem hcl</i>	65	<i>doxorubicin hcl</i>	39	EFFIENT	60
<i>diltiazem hcl er</i>	65	<i>doxorubicin hcl</i>	39	EFUDEX	74
<i>dilt-xr</i>	65	<i>liposome</i>		ELAVIL	32
DIOVAN	61	<i>doxy 100</i>	24	ELDEPRYL	46
DIOVAN HCT	61	<i>doxycycline</i>	24	ELESTAT	110
DIPENTUM	105	<i>doxycycline hyclate</i>	24	ELESTRIN	96
<i>diphenatol</i>	85	<i>doxycycline hyclate dr</i>	24	ELIDEL	74
<i>diphenhydramine hcl</i>	114	<i>doxycycline</i>	24	ELIGARD	101
<i>diphenoxylate/</i>	85	<i>monohydrate</i>		ELIMITE	44
<i>atropine</i>		<i>dronabinol</i>	33	<i>elinest</i>	96
<i>diphtheria/tetanus</i>	104	<i>drospirenone/ethinyl</i>	96	ELIPHOS	80
<i>toxoids adsorbed</i>		<i>estradiol</i>		ELIQUIS	58
<i>pediatric</i>		<i>drospirenone/ethinyl</i>	96	ELITEK	44
<i>dipyridamole</i>	60	<i>estradiol/levomefolate</i>		ELIXOPHYLLIN	116
<i>disopyramide</i>	63	<i>calcium</i>		ELMIRON	89
<i>phosphate</i>		DROXIA	38	ELOCON	91
<i>disulfiram</i>	17	DUAC	74	EMCYT	38
DITROPAN XL	88	DUETACT	55	EMEND	33
DIURIL	67	DUEXIS	11	EMEND TRIPACK	33
<i>divalproex sodium</i>	26	<i>duloxetine hcl</i>	30	<i>emoquette</i>	96
<i>divalproex sodium dr</i>	26	DUOPA	46	EMPLICITI	43
<i>divalproex sodium er</i>	26	DURAMORPH	14	EMSAM	30
		DUREZOL	110		

Drug name	Page	Drug name	Page	Drug name	Page
EMTRIVA	52	<i>errin</i>	100	<i>etodolac</i>	11
EMVERM	44	ERTACZO	34	<i>etodolac er</i>	11
ENABLEX	89	ERWINAZE	39	<i>etoposide</i>	41
<i>enalapril maleate</i>	62	<i>ery pad 2%</i>	74	EURAX	44
<i>enalapril maleate/ hydrochlorothiazide</i>	62	ERYGEL	74	EVAMIST	96
ENBRACE HR	80	ERYPED 200	23	EVOCLIN	74
<i>endocet</i>	14	ERYPED 400	23	EVOMELA	38
ENGERIX-B	104	ERY-TAB	23	EVOTAZ	52
<i>enoxaparin sodium</i>	58	ERYTHROCIN	23	EVOXAC	72
<i>enpresse-28</i>	96	LACTOBIONATE		EXALGO	12
<i>enskyce</i>	96	ERYTHROCIN	23	EXELON	29
<i>entacapone</i>	45	STEARATE		<i>exemestane</i>	41
<i>entecavir</i>	50	<i>erythromycin</i>	23	EXFORGE	61
ENTOCORT EC	91	<i>erythromycin</i>	74	EXFORGE HCT	61
ENTRESTO	66	<i>erythromycin</i>	108	EXJADE	79
<i>enulose</i>	86	<i>erythromycin base</i>	23	EXTINA	34
ENVARBUS XR	102	<i>erythromycin</i>	23	EXTRA-VIRT PLUS	80
EPANED	62	<i>ethylsuccinate</i>		DHA	
EPCLUSA	50	<i>erythromycin stearate</i>	23	<i>ezetimibe</i>	68
<i>epinastine hcl</i>	110	<i>erythromycin/benzoyl peroxide</i>	74	<i>ezetimibe/simvastatin</i>	68
<i>epinephrine</i>	115	ESBRIET	117	FABRAZYME	88
EPIPEN 2-PAK	115	<i>escitalopram oxalate</i>	30	<i>falmina</i>	96
EPIPEN-JR 2-PAK	115	<i>esgic caps</i>	10	<i>famciclovir</i>	53
<i>epirubicin hcl</i>	39	<i>esomeprazole</i>	87	<i>famotidine</i>	86
<i>epitol</i>	28	<i>magnesium caps</i>		<i>famotidine premixed inj 20mg/50ml</i>	86
EPIVIR	52	<i>esomeprazole sodium</i>	87	FAMVIR	53
EPIVIR HBV	50	<i>inj</i>		FANAPT	47
<i>eplerenone</i>	67	<i>estarylla</i>	96	FANAPT TITRATION	47
<i>epoprostenol sodium</i>	116	ESTRACE	96	PACK	
<i>eprosartan mesylate</i>	61	<i>estradiol</i>	96	FARESTON	38
EPZICOM	52	<i>estradiol valerate</i>	96	FARXIGA	55
EQUETRO	55	ESTRING	96	FARYDAK	42
ERBITUX	39	<i>estropipate</i>	96	FASLODEX	40
<i>ergoloid mesylates</i>	28	<i>eszopiclone</i>	117	<i>fayosim</i>	96
<i>ergotamine tartrate/ caffeine</i>	36	<i>ethambutol hcl</i>	37	FAZACLO	50
ERIVEDGE	42	<i>ethosuximide</i>	26	<i>felbamate</i>	27
		<i>ethynodiol diacetate/ ethinyl estradiol</i>	96	FELBATOL	27
		<i>etidronate disodium</i>	106	FELDENE	11

Drug name	Page	Drug name	Page	Drug name	Page
<i>felodipine er</i>	65	<i>flucytosine</i>	34	<i>fluvoxamine maleate</i>	31
FEMARA	41	<i>fludarabine phosphate</i>	40	<i>er caps</i>	
FEMHRT LOW DOSE	96	<i>fludrocortisone acetate</i>	91	<i>fluvoxamine maleate tabs</i>	31
<i>femynor</i>	96	<i>flunisolide</i>	113	FML	111
<i>fenofibrate</i>	67	<i>fluocinolone acetonide</i>	112	FML FORTE	111
<i>fenofibrate micronized</i>	67	<i>fluocinolone acetate</i>	91	FML LIQUIFILM	111
FENOFIBRIC ACID	67	<i>fluocinolone acetate body</i>	74	FOCALGIN 90 DHA	80
<i>fenofibric acid dr caps</i>	67	<i>fluocinolone acetate scalp</i>	74	FOCALIN	70
FENOGLIDE	67	<i>fluocinonide</i>	91	FOCALIN XR	71
<i>fenopropfen calcium</i>	11	<i>fluocinonide emulsified base crea</i>	91	FOLET ONE	80
<i>fentanyl citrate oral transmucosal</i>	14	<i>fluor-a-day</i>	77	FOLIVANE-OB	80
<i>fentanyl transdermal patches</i>	12	<i>fluoride</i>	77	FOLOTYN	40
FENTORA	14	<i>fluoritab</i>	77	<i>fomepizole</i>	79
FETZIMA	31	<i>fluorometholone</i>	111	<i>fondaparinux sodium</i>	58
FETZIMA TITRATION PACK	31	<i>fluorouracil</i>	39	FORFIVO XL	29
FINACEA	74	<i>fluorouracil</i>	40	FORTAMET	55
<i>finasteride</i>	89	<i>fluorouracil</i>	74	FORTAZ	21
FIORICET	10	<i>fluoxetine dr caps 90mg</i>	31	FORTEO	106
FIORICET/CODEINE	10	<i>fluoxetine hcl</i>	31	FORTESTA	94
FIORINAL	10	<i>fluphenazine decanoate</i>	46	FOSAMAX	106
FIRAZYR	102	<i>fluphenazine hcl</i>	46	FOSAMAX PLUS D	106
FIRMAGON	101	<i>flurandrenolide</i>	91	<i>fosinopril sodium</i>	62
FLAGYL	19	<i>flurazepam hcl</i>	54	<i>fosinopril sodium/hydrochlorothiazide</i>	62
FLAREX	111	<i>flurbiprofen</i>	11	<i>fosphenytoin sodium</i>	28
<i>flavoxate hcl</i>	89	<i>flurbiprofen sodium ophthalmic soln 0.03%</i>	111	FRAGMIN	58
FLEBOGAMMA DIF	103	<i>flutamide</i>	38	FREAMINE HBC 6.9%	77
<i>flecainide acetate</i>	63	<i>fluticasone propionate</i>	91	FROVA	36
FLECTOR	11	<i>fluticasone propionate</i>	113	<i>frovatriptan succinate</i>	36
FLOMAX	89	<i>fluvastatin</i>	68	FURADANTIN	19
FLOVENT DISKUS	113			<i>furosemide</i>	66
FLOVENT HFA	113			FUSILEV	40
<i>fluconazole</i>	34			FUZEON	52
<i>fluconazole in dextrose</i>	34			FYCOMPA	25
<i>fluconazole in nacl inj</i>	34			<i>gabapentin</i>	26

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<i>galantamine hydrobromide</i>	29	GENVOYA	51	GUANIDINE HCL	37
<i>galantamine hydrobromide er</i>	29	GEODON	47	HALAVEN	40
GAMASTAN S/D	103	GIANVI	96	HALCION	54
GAMMAGARD LIQUID	103	GIAZO	105	HALDOL	46
GAMMAGARD S/D INJ 5GM, 10GM	103	<i>gildagia</i>	96	HALDOL	46
GAMMAKED	103	GILENYA	72	DECANOATE 100 INJ	
GAMMAPLEX	103	GILOTRIF	42	HALDOL	46
GAMUNEX-C	104	GLEEVEC	42	DECANOATE 50 INJ	
<i>ganciclovir</i>	50	GLEOSTINE	38	<i>halobetasol propionate crea, oint</i>	91
GARDASIL	104	<i>glimepiride</i>	55	HALOG	91
GARDASIL 9	104	<i>glipizide</i>	55	<i>haloperidol</i>	46
GASTROCROM	85	<i>glipizide er</i>	55	<i>haloperidol decanoate</i>	46
<i>gatifloxacin soln</i>	108	<i>glipizide xl</i>	55	<i>haloperidol lactate inj</i>	46
GATTEX	85	<i>glipizide/metformin hcl</i>	55	HARVONI	50
<i>gavilyte-c</i>	86	GLUCAGEN HYPOKIT	57	HAVRIX	104
<i>gavilyte-g</i>	86	GLUCAGON EMERGENCY KIT	57	<i>heather</i>	100
<i>gavilyte-h</i>	85	GLUCOPHAGE	55	HECTOROL	106
<i>gavilyte-n/ flavor pack</i>	86	GLUCOPHAGE XR	55	HEMENATAL OB	80
GAZYVA	43	GLUCOTROL	55	HEMENATAL OB + DHA	80
GELNIQUE	89	GLUCOTROL XL	55	<i>heparin sodium</i>	58
<i>gemcitabine</i>	40	GLUCOVANCE	55	HEPARIN SODIUM/ D5W	58
<i>gemfibrozil</i>	67	<i>glyburide</i>	56	HEPARIN SODIUM/ NAACL 0.45%	58
<i>generlac</i>	86	<i>glyburide micronized</i>	55	HEPATAMINE	77
<i>gengraf</i>	102	<i>glyburide/metformin hcl</i>	55	HERCEPTIN	40
GENOTROPIN	93	<i>glycopyrrolate</i>	85	HETLIOZ	117
GENOTROPIN MINIQUICK	94	GLYNASE	56	HEXALEN	38
<i>gentak</i>	108	GOLYTELY	86	HIBERIX	104
<i>gentamicin sulfate</i>	17	GRALISE	72	HIPREX	19
<i>gentamicin sulfate</i>	74	GRALISE STARTER	72	HUMIRA	102
<i>gentamicin sulfate</i>	108	<i>granisetron hcl</i>	33	HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK	102
<i>gentamicin sulfate pediatric</i>	17	GRANIX	59	HUMIRA PEN	102
<i>gentamicin sulfate/0.9% sodium chloride</i>	17	<i>griseofulvin microsize</i>	34	HUMIRA PEN- CROHNS DISEASESTARTER	102
		<i>griseofulvin ultramicrosize</i>	34		
		<i>guanfacine er</i>	71		
		<i>guanfacine hcl</i>	60		

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HUMIRA PEN-PSORIASIS STARTER	102	<i>ibudone</i>	15	INTRON A W/ DILUENT	40
HUMULIN R U-500 (CONCENTRATED)	57	<i>ibuprofen</i>	11	<i>introvale</i>	96
HUMULIN R U-500 KWIKPEN	57	ICLUSIG	42	INTUNIV	71
<i>hydralazine hcl</i>	69	<i>idarubicin hcl</i>	40	INVANZ	21
HYDREA	39	IFOSFAMIDE	40	INVEGA	48
<i>hydrochlorothiazide</i>	67	ILEVRO	111	INVEGA SUSTENNA	47
<i>hydrocodone bitartrate/acetaminophen</i>	14	<i>imatinib mesylate</i>	42	INVEGA TRINZA	47
<i>hydrocodone/acetaminophen</i>	14	IMBRUVICA	42	INVIRASE	52
<i>hydrocodone/ibuprofen</i>	14	IMFINZI	43	INVOKAMET	56
<i>hydrocortisone</i>	91	<i>imipenem/cilastatin</i>	21	INVOKAMET XR	56
<i>hydrocortisone butyrate</i>	91	<i>imipramine hcl</i>	32	INVOKANA	56
<i>hydrocortisone butyrate (lipophilic) crea</i>	91	<i>imipramine pamoate caps</i>	32	IONOSOL-B/ DEXTROSE 5%	77
<i>hydrocortisone in absorbase oint</i>	91	<i>imiquimod</i>	74	IONOSOL-MB/ DEXTROSE 5%	77
<i>hydrocortisone valerate crea, oint</i>	91	IMITREX	36	IPOP INACTIVATED IPV	104
<i>hydrocortisone/acetic acid</i>	112	IMITREX STATDOSE REFILL	36	<i>ipratropium bromide</i>	114
<i>hydromorphone hcl</i>	14	IMITREX STATDOSE SYSTEM	36	<i>ipratropium bromide/ albuterol sulfate neb</i>	114
<i>hydromorphone hcl er</i>	12	IMOVAX RABIES (H.D.C.V.)	104	<i>irbesartan</i>	61
<i>hydromorphone hcl er t24a 32mg</i>	12	IMURAN	102	<i>irbesartan/ hydrochlorothiazide</i>	61
<i>hydroxychloroquine sulfate</i>	44	INCRELEX	94	IRESSA	42
<i>hydroxyprogesterone caproate</i>	100	INCRUSE ELLIPTA	114	<i>irinotecan</i>	40
<i>hydroxyurea</i>	39	<i>indapamide</i>	67	ISENTRESS	51
<i>hydroxyzine hcl</i>	114	INDERAL LA	64	ISENTRESS HD	52
<i>hydroxyzine pamoate</i>	114	INDOCIN	11	ISOLYTE-P/ DEXTROSE 5%	77
HYZAAR	61	<i>indomethacin</i>	11	ISOLYTE-S INJ	77
<i>ibandronate sodium</i>	106	<i>indomethacin er</i>	11	<i>isoniazid</i>	37
IBRANCE	42	INFANRIX	104	ISOPROPYL ALCOHOL WIPES	19
		INLYTA	42	ISOPTO CARPINE	112
		INNOPRAN XL	64	ISORDIL TITRADOSE	69
		INSPIRA	67	<i>isosorbide dinitrate</i>	69
		INSUPEN 33GX4MM	108	<i>isosorbide dinitrate er tabs 40mg</i>	69
		INTELENCE	51		
		INTERMEZZO	117		
		INTRALIPID	77		
		INTRON A	40		
		INTRON A	50		

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<i>isosorbide mononitrate</i>	69	KAYEXALATE	79	<i>klor-con 10</i>	77
<i>isosorbide mononitrate er</i>	69	<i>kcl 0.075%/d5w/nacl 0.45%</i>	77	<i>klor-con 8</i>	77
<i>isotonic gentamicin</i>	18	<i>kcl 0.15%/d5w/nacl 0.2%</i>	77	<i>klor-con m10</i>	77
<i>isradipine</i>	65	KCL 0.15%/D5W/ NACL 0.225%	77	KLOR-CON M15	77
ISTALOL	112	<i>kcl 0.15%/d5w/nacl 0.45%</i>	77	<i>klor-con m20</i>	77
ISTODAX (OVERFILL)	40	<i>kcl 0.15%/d5w/nacl 0.45%</i>	77	KLOR-CON POW 20MEQ	77
<i>itraconazole</i>	34	<i>kcl 0.15%/d5w/nacl 0.9%</i>	77	<i>klor-con sprinkle</i>	78
<i>ivermectin</i>	44	<i>kcl 0.3%/d5w/nacl 0.45%</i>	77	<i>klor-con/ef tabs</i>	78
IXEMPRA KIT	40	KCL 0.3%/D5W/NACL 0.9%	77	KORLYM	56
IXIARO	105	<i>kelnor 1/35</i>	97	KRISTALOSE	86
JAKAFI	42	KENALOG	92	K-TAB	77
JALYN	89	KENALOG-10	92	<i>kurvelo</i>	97
<i>jantoven</i>	58	KENALOG-40	92	KUVAN	88
JANUMET	56	KEPPRA	25	KYNAMRO	68
JANUMET XR	56	KEPPRA XR	25	KYPROLIS	42
JANUVIA	56	<i>ketoconazole</i>	34	<i>labetalol hcl</i>	64
<i>jencycla</i>	100	<i>ketoprofen</i>	11	<i>lactated ringers</i>	78
JENTADUETO	56	<i>ketoprofen er</i>	11	<i>viaflex inj</i>	78
JENTADUETO XR	56	<i>ketorolac tromethamine</i>	11	<i>lactulose</i>	86
JEVTANA	42	<i>ketorolac tromethamine</i>	111	LAMICTAL	27
JOLESSA	96	KEYTRUDA	43	LAMICTAL	27
JOLIVETTE	100	<i>kimidess</i>	97	CHEWABLE DISPERSIBLE	
<i>juleber</i>	96	KINRIX	105	LAMICTAL ODT	27
<i>junel 1.5/30</i>	97	<i>kionex</i>	79	LAMICTAL STARTER	27
<i>junel 1/20</i>	97	KISQALI	40	BLUE (35)	
<i>junel fe 1.5/30</i>	97	KISQALI 200MG	38	LAMICTAL STARTER	27
<i>junel fe 1/20</i>	97	FEMARA CO-PACK		GREEN (98)	
<i>junel fe 24</i>	97	KISQALI 400MG	38	LAMICTAL STARTER	27
JUXTAPID	68	FEMARA CO-PACK		ORANGE (49)	
KADCYLA	40	KISQALI 600MG	38	LAMICTAL XR	27
KADIAN	13	FEMARA CO-PACK		LAMISIL	34
<i>kaitlib fe</i>	97	KLARON	74	<i>lamivudine</i>	50
KALETRA	52	KLONOPIN	26	<i>lamivudine</i>	52
KALYDECO	115			<i>lamivudine/ zidovudine</i>	52
KAPVAY	71			<i>lamotrigine</i>	28
<i>kariva</i>	97			<i>lamotrigine er</i>	27
				<i>lamotrigine odt</i>	27

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<i>lamotrigine titration</i>	27	LEUKERAN	38	LIDODERM	17
LANOXIN	66	<i>leuprolide acetate</i>	101	<i>lindane</i>	44
LANOXIN PEDIATRIC	66	<i>levabuterol</i>	115	<i>linezolid</i>	19
<i>lansoprazole</i>	87	<i>levabuterol hcl</i>	115	LINZESS	86
<i>lansoprazole/</i>	19	LEVALBUTEROL	115	LIORESAL	50
<i>amoxicillin/</i>		TARTRATE HFA		INTRATHECAL	
<i>clarithromycin</i>		LEVAQUIN	24	<i>liothyronine sodium</i>	100
LANTUS	57	LEVEMIR	57	LIPITOR	68
LANTUS SOLOSTAR	57	LEVEMIR	57	LIPOFEN	67
<i>larin 1.5/30</i>	97	FLEXTOUCH		<i>lisinopril</i>	62
<i>larin 1/20</i>	97	<i>levetiracetam</i>	25	<i>lisinopril/</i>	62
<i>larin 24 fe</i>	97	<i>levetiracetam er</i>	25	<i>hydrochlorothiazide</i>	
<i>larin fe 1.5/30</i>	97	<i>levobunolol hcl</i>	112	<i>lithium carbonate</i>	55
<i>larin fe 1/20</i>	97	<i>levocarnitine</i>	80	<i>lithium carbonate er</i>	55
<i>larissia</i>	97	<i>levocetirizine</i>	114	<i>tabs</i>	
LARTRUVO	43	<i>dihydrochloride</i>		<i>lithium oral soln</i>	55
LASIX	66	<i>levofloxacin</i>	24	LITHOBID	55
LASTACAFT	110	<i>levofloxacin</i>	109	LIVALO	68
<i>latanoprost</i>	108	<i>levofloxacin in d5w</i>	24	LOCOID CREAM	92
LATUDA	48	LEVOLEUCOVORIN	40	LODOSYN	46
LAYOLIS FE	97	<i>levoleucovorin</i>	40	LOFIBRA	67
LEENA	97	<i>calcium inj</i>		<i>lokara</i>	92
<i>leflunomide</i>	104	175mg/17.5ml (10mg/ ml)		<i>lomedica 24 fe</i>	97
LENVIMA 10 MG	42	<i>levonest</i>	97	LOMOTIL	85
DAILY DOSE		<i>levonorgestrel/ethinyl</i>	97	LONSURF	40
LENVIMA 14 MG	42	<i>estradiol</i>		<i>loperamide hcl</i>	85
DAILY DOSE		<i>levora 0.15/30-28</i>	97	LOPID	67
LENVIMA 18 MG	42	LEVOTHYROXINE	100	<i>lopinavir/ritonavir</i>	53
DAILY DOSE		SODIUM		LOPRESSOR	64
LENVIMA 20 MG	42	LEVOXYL	100	LOPROX	34
DAILY DOSE		LEXAPRO	31	LOPROX SHAMPOO	34
LENVIMA 24 MG	42	LEXIVA	53	<i>lorazepam</i>	54
DAILY DOSE		LIALDA	105	<i>lorazepam intensol</i>	54
LENVIMA 8 MG	42	<i>lidocaine</i>	16	<i>oral soln conc</i>	
DAILY DOSE		<i>lidocaine hcl</i>	16	<i>lorcet</i>	15
LESCOL XL	68	<i>lidocaine hcl</i>	63	<i>lorcet hd</i>	15
<i>lessina</i>	97	<i>lidocaine hcl in d5w</i>	63	<i>lorcet plus</i>	15
LETAIRIS	116	<i>lidocaine viscous</i>	16	<i>loryna</i>	97
<i>letrozole</i>	41	<i>lidocaine/prilocaine</i>	16	<i>losartan potassium</i>	61
<i>leucovorin calcium</i>	40				

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<i>losartan potassium/hydrochlorothiazide</i>	61	MARINOL	33	MENOSTAR	97
LOTEMAX	111	<i>marlissa</i>	97	MENVEO	105
LOTENSIN	62	MARPLAN	30	<i>meperidine hcl</i>	15
LOTREL	65	MARQIBO	40	<i>meprobamate</i>	53
LOTRISONE	34	MATULANE	38	MEPRON	44
LOTRONEX	86	<i>matzim la</i>	65	<i>mercaptapurine</i>	39
<i>lovastatin</i>	68	MAVIK	62	<i>meropenem vial</i>	22
LOVAZA	68	MAXALT	36	MEROPENEM/ SODIUM CHLORIDE	22
LOVENOX	58	MAXALT-MLT	36	<i>mesalamine</i>	106
<i>low-ogestrel</i>	97	MAXIDEX	111	<i>mesalamine dr</i>	105
<i>loxapine succinate</i>	46	MAXIPIME	21	<i>mesna</i>	44
<i>ludent</i>	78	MAXITROL	109	MESNEX	44
LUMIGAN	108	MAXZIDE	67	MESTINON	37
LUMIZYME	88	MAXZIDE-25	67	MESTINON	37
LUNESTA	117	<i>meclizine hcl</i>	33	TIMESPAN	
LUPRON DEPOT (1-MONTH)	101	<i>meclofenamate sodium</i>	12	METADATE CD CAPS	71
LUPRON DEPOT (3-MONTH)	101	MEDROL	92	<i>metadate er</i>	71
LUPRON DEPOT (4-MONTH)	101	MEDROL DOSEPAK	92	<i>metaproterenol sulfate</i>	115
LUPRON DEPOT (6-MONTH)	101	<i>medroxyprogesterone acetate</i>	100	<i>metformin hcl</i>	56
LUPRON DEPOT-PED (1-MONTH)	101	<i>mefloquine hcl</i>	44	<i>metformin hcl er</i>	56
LUPRON DEPOT-PED (3-MONTH) INJ 11.25MG, 30MG	101	MEGACE ES ORAL SUSP 625MG/5ML	100	<i>methadone hcl</i>	13
<i>lutra</i>	97	MEGACE ORAL SUSP 40MG/ML	100	<i>methazolamide</i>	66
LYNPARZA	42	<i>megestrol acetate</i>	100	<i>methenamine hippurate</i>	19
LYRICA	26	MEKINIST	43	<i>methergine</i>	108
LYSODREN	101	<i>meloxicam</i>	12	<i>methimazole</i>	101
LYSTEDA	59	<i>melphalan hydrochloride</i>	38	<i>methotrexate</i>	102
<i>lyza</i>	100	<i>memantine hcl</i>	29	<i>methotrexate sodium</i>	102
MACROBID	19	<i>memantine hcl titration pak</i>	29	<i>methoxsalen</i>	74
MACRODANTIN	19	<i>memantine hydrochloride</i>	29	<i>methscopolamine bromide</i>	85
<i>magnesium sulfate</i>	78	MENACTRA	105	<i>methyclothiazide</i>	67
<i>malathion</i>	44	MENHIBRIX	105	<i>methyl dopa</i>	60
<i>maprotiline hcl</i>	31	MENOMUNE-A/C/ Y/W-135	105	METHYLIN	71
				<i>methylphenidate hcl</i>	71
				<i>methylphenidate hcl cd</i>	71

Drug name	Page	Drug name	Page	Drug name	Page
<i>methylphenidate hcl er</i>	71	MICROGESTIN 24 FE	97	MONONESSA	97
<i>methylphenidate hcl er (la) caps</i>	71	MICROGESTIN FE 1.5/30	97	<i>montelukast sodium</i>	114
<i>methylphenidate hydrochloride</i>	71	MICROGESTIN FE 1/20	97	MONUROL	19
<i>methylprednisolone</i>	92	MICROZIDE	67	<i>morgidox 1x100mg</i>	25
<i>methylprednisolone acetate</i>	92	<i>midodrine hcl</i>	60	<i>morgidox 1x50mg caps</i>	25
<i>methylprednisolone dose pack</i>	92	<i>miglitol</i>	56	<i>morgidox 2x100mg</i>	25
<i>methylprednisolone sodiumsuccinate</i>	92	MIGRANAL	36	<i>morphine sulfate</i>	15
<i>metipranolol</i>	112	MILLIPRED TABS, SOLN	92	<i>morphine sulfate er</i>	13
<i>metoclopramide hcl</i>	85	MINIPRESS	60	MOVANTIK	85
<i>metoclopramide odt</i>	85	<i>minitran</i>	69	MOVIPREP	86
<i>metolazone</i>	67	MINIVELLE	97	MOXEZA	109
<i>metoprolol succinate er</i>	64	MINOCIN	24	<i>moxifloxacin hcl</i>	24
<i>metoprolol tartrate</i>	64	<i>minocycline hcl</i>	25	MOZOBIL	59
<i>metoprolol/ hydrochlorothiazide</i>	64	<i>minocycline hcl er</i>	24	MS CONTIN	13
METROCREAM	74	<i>minoxidil</i>	69	MULTAQ	63
METROGEL 1% TOPICAL GEL	74	MIRAPEX	45	<i>multi vitamin/fluoride</i>	80
METROGEL-VAGINAL	19	MIRAPEX ER	45	<i>multi-vit/fluoride</i>	80
METROLOTION	74	<i>mirtazapine</i>	29	<i>multi-vit/iron/fluoride</i>	81
<i>metronidazole</i>	74	<i>mirtazapine odt</i>	29	<i>multivitamin with fluoride</i>	81
<i>metronidazole</i>	74	MIRVASO	112	<i>multi-vitamin/fluoride</i>	81
<i>metronidazole in nacl 0.79%</i>	19	<i>misoprostol</i>	87	<i>multi-vitamin/ fluoride/iron</i>	81
<i>metronidazole vaginal</i>	19	MITIGARE	35	<i>mult-vitamin/fluoride</i>	80
<i>mexiletine hcl</i>	63	<i>mitomycin</i>	40	<i>mupirocin</i>	74
MIACALCIN	106	<i>mitoxantrone hcl</i>	40	MUSTARGEN	38
<i>mibelas 24 fe</i>	97	M-M-R II	105	<i>mvc-fluoride</i>	81
MICARDIS	61	MOBIC	12	MYAMBUTOL	37
MICARDIS HCT	61	<i>modafinil</i>	117	MYCAMINE	34
<i>miconazole 3</i>	34	<i>moderiba</i>	50	<i>mycophenolate mofetil</i>	102
MICROGESTIN 1.5/30	97	<i>moexipril hcl</i>	62	<i>mycophenolic acid dr</i>	102
MICROGESTIN 1/20	97	<i>moexipril/ hydrochlorothiazide</i>	62	MYFORTIC	102
		<i>molindone hydrochloride</i>	46	<i>myorisan</i>	74
		<i>mometasone furoate</i>	92	MYRBETRIQ	89
		<i>mometasone furoate</i>	113	MYSOLINE	27
		<i>mono-lynyah</i>	97	<i>myzilra</i>	98
				<i>nabumetone</i>	12

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<i>nadolol</i>	64	<i>neomycin/bacitracin/ polymyxin ophthalmic oint</i>	109	<i>nifedipine er</i>	65
<i>nadolol/ bendroflumethiazide</i>	64	<i>neomycin/polymyxin/ bacitracin/ hydrocortisone ophthalmic oint</i>	109	<i>nikki</i>	98
<i>nafcillin sodium</i>	22	<i>neomycin/polymyxin/ dexamethasone</i>	109	<i>nilutamide</i>	38
<i>naftifine hcl 1% cream</i>	34	<i>neomycin/polymyxin/ gramicidin</i>	109	<i>nimodipine</i>	65
<i>naftifine hcl 2% cream</i>	34	<i>neomycin/polymyxin/ hydrocortisone</i>	109	NINLARO	40
NAFTIN	34	<i>neomycin/polymyxin/ hydrocortisone</i>	112	NIPENT	40
NAGLAZYME	88	<i>neomycin/polymyxin/ hydrocortisone</i>	112	<i>nisoldipine er</i>	65
<i>nalbuphine hcl</i>	15	<i>neo-polycin</i>	109	NITRO-BID	69
<i>naloxone hcl</i>	17	NEORAL	102	NITRO-DUR	69
<i>naltrexone hcl</i>	17	NEPHRAMINE	78	<i>nitrofurantoin</i>	19
NAMENDA	29	NESTABS	81	<i>nitrofurantoin macrocrystals</i>	19
NAMENDA	29	<i>neuac gel 1.2; 5%</i>	75	<i>nitrofurantoin monohydrate</i>	19
TITRATION PAK		NEULASTA INJ	59	<i>nitroglycerin</i>	69
NAMENDA XR	29	NEUPOGEN	59	<i>nitroglycerin lingual spray</i>	69
NAMENDA XR	29	NEUPRO	45	<i>nitroglycerin</i>	69
TITRATION PACK		NEURONTIN	27	<i>nitroglycerin transdermal</i>	69
NAMZARIC	29	NEVANAC	111	NITROLINGUAL	69
NAPRELAN	12	<i>nevirapine</i>	51	PUMPSPRAY	
NAPROSYN	12	<i>nevirapine er</i>	51	NITROMIST	69
<i>naproxen</i>	12	NEXA PLUS	81	NITROSTAT	69
<i>naproxen dr</i>	12	NEXAVAR	43	NIVA-PLUS	81
<i>naproxen sodium</i>	12	<i>niacin er tabs 500mg, 750mg, 1000mg</i>	68	<i>nizatidine</i>	86
<i>naratriptan hcl</i>	36	NIACOR	68	NIZORAL	35
NASONEX	113	NIASPAN	68	<i>nora-be</i>	100
NATACHEW	81	<i>nicardipine hcl</i>	65	NORCO	15
NATACYN	109	NICOTROL INHALER	17	NORDITROPIN	94
<i>nateglinide</i>	56	NICOTROL NS	17	FLEXPRO	
NATELLE ONE	81	<i>nifedical xl</i>	65	<i>norethindrone</i>	100
NATESTO	94	<i>nifedipine</i>	65	<i>norethindrone acetate</i>	100
NATPARA	106			<i>norethindrone</i>	98
NEBUPENT	44			<i>acetate/ethinyl estradiol</i>	
<i>necon 0.5/35-28</i>	98			<i>norethindrone</i>	98
<i>necon 1/35</i>	98			<i>acetate/ethinyl estradiol/ferrous fumarate</i>	
NECON 10/11-28	98				
NECON 7/7/7	98				
<i>nefazodone hcl</i>	31				
<i>neomycin sulfate</i>	18				

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<i>norethindrone/ethinyl estradiol/ferrous fumarate</i>	98	NUVESSA	19	<i>olopatadine hcl ophthalmic soln (generic Pataday) 0.2%</i>	110
<i>norgestimate/ethinyl estradiol</i>	98	NUVIGIL	117	OLUX	92
NORITATE	75	<i>nyamyc</i>	35	<i>omega-3-acid ethyl esters caps 1gm</i>	68
<i>norlyroc</i>	100	<i>nyata</i>	35	omeprazole	87
NORMOSOL-R IN D5W	78	<i>nystatin</i>	35	omeprazole/sodium bicarbonate	87
NORMOSOL-R INJ PH 7.4	78	<i>nystatin/ triamcinolone</i>	35	OMNARIS	113
NORPACE	63	<i>nystop</i>	35	OMNIPRED	111
NORPACE CR	63	OB COMPLETE GOLD	81	ONCASPAR	40
NORPRAMIN	32	OB COMPLETE ONE	81	<i>ondansetron hcl</i>	33
NORTHERA	60	OB COMPLETE PETITE	81	<i>ondansetron odt</i>	33
<i>nortrel 0.5/35 (28)</i>	98	OB COMPLETE/DHA	81	ONFI	27
<i>nortrel 1/35</i>	98	O-CAL PRENATAL	81	ONIVYDE	40
<i>nortrel 7/7/7</i>	98	OCELLA	98	ONMEL	35
<i>nortriptyline hcl</i>	32	OCTAGAM	104	ONZETRA XSAIL	36
NORVASC	65	<i>octreotide acetate</i>	101	OPANA	15
NORVIR	53	OCUFEN	111	OPANA ER (CRUSH RESISTANT)	13
NOVOLIN 70/30	57	OCUFLOX	109	OPDIVO	43
NOVOLIN N	57	ODEFSEY	51	OPSUMIT	116
NOVOLIN R	57	ODOMZO	43	ORACEA	75
NOVOLOG	57	OFEV	117	<i>oralone</i>	72
NOVOLOG FLEXPEN	57	<i>ofloxacin</i>	24	ORAPRED ODT	92
NOVOLOG MIX 70/30	57	<i>ofloxacin</i>	109	ORAVIG	35
NOVOLOG MIX 70/30 PREFILLED FLEXPEN	58	<i>ofloxacin</i>	112	ORFADIN	88
NOVOLOG PENFILL	58	<i>olanzapine</i>	48	ORFADIN	108
NOXAFIL	35	<i>olanzapine odt</i>	48	ORKAMBI	115
NUCYNTA	15	<i>olanzapine/fluoxetine</i>	31	<i>orsythia</i>	98
NUCYNTA ER	13	<i>olmesartan medoxomil</i>	61	ORTHO TRI-CYCLEN LO	98
NUEDEXTA	72	<i>olmesartan medoxomil/ hydrochlorothiazide</i>	61	<i>oseltamivir phosphate</i>	53
NULOJIX	102	<i>olopatadine hcl</i>	110	OSMOPREP	87
NULYTELY/FLAVOR PACKS	86	<i>olopatadine hcl</i>	114	OTREXUP	102
NUPLAZID	48			OVIDE	44
NUTRILIPID	78			<i>oxacillin sodium</i>	22
NUVARING	98			<i>oxaliplatin</i>	41

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<i>oxandrolone</i>	94	PAZEO	110	<i>phenytoin sodium</i>	28
<i>oxaprozin</i>	12	PCE	23	<i>phenytoin sodium extended</i>	28
<i>oxazepam</i>	54	PEDIARIX	105	<i>philith</i>	98
<i>oxcarbazepine</i>	28	PEDVAX HIB	105	<i>phos-flur gel</i>	73
<i>oxiconazole nitrate</i>	35	<i>peg-3350/electrolytes</i>	87	PHOSLYRA	80
OXISTAT	35	<i>peg-3350/nacl/na bicarbonate/kcl</i>	87	PHOSPHOLINE IODIDE	112
OXTELLAR XR	28	PEGANONE	28	PHYSIOLYTE	78
<i>oxybutynin chloride</i>	89	PEGASYS	50	PHYSIOSOL IRRIGATION	78
<i>oxybutynin chloride er</i>	89	PEGASYS PROCLICK	50	PICATO	75
<i>oxycodone hcl</i>	15	<i>penicillin g potassium</i>	22	<i>pilocarpine hcl</i>	73
<i>oxycodone hcl er</i>	13	<i>penicillin g procaine</i>	22	<i>pilocarpine hcl</i>	112
<i>oxycodone/acetaminophen</i>	16	<i>penicillin g sodium</i>	22	<i>pilocarpine hcl tabs 5mg</i>	73
<i>oxycodone/aspirin</i>	16	<i>penicillin v potassium</i>	22	<i>pimozide</i>	46
<i>oxycodone/ibuprofen</i>	16	PENNSAID	12	<i>pimtrea</i>	98
<i>oxymorphone hydrochloride</i>	16	PENTAM 300	44	<i>pindolol</i>	64
<i>oxymorphone hydrochloride er</i>	13	PENTASA	106	<i>pioglitazone hcl</i>	56
OXYTROL	89	<i>pentazocine/naloxone hcl</i>	16	<i>pioglitazone hcl/metformin hcl</i>	56
<i>pacerone</i>	63	<i>pentoxifylline cr</i>	66	<i>pioglitazone hcl-glimepiride</i>	56
<i>paclitaxel</i>	41	<i>pentoxifylline er</i>	66	<i>piperacillin sodium/tazobactam sodium inj 2gm-0.25gm, 3gm-0.375gm, 36gm-4.5gm</i>	22
<i>paliperidone er</i>	48	PEPCID	86	<i>piperacillin/tazobactam</i>	23
PAMELOR	32	PERCOCET	16	<i>pirmella 1/35</i>	98
<i>pamidronate disodium</i>	107	PERFOROMIST	115	<i>pirmella 7/7/7</i>	98
PANRETIN	44	<i>perindopril erbumine</i>	62	<i>piroxicam</i>	12
<i>pantoprazole sodium</i>	87	<i>perio gard</i>	73	PLAQUENIL	44
<i>paricalcitol</i>	107	PERJETA	41	PLASMA-LYTE A	78
<i>paroex</i>	72	<i>permethrin</i>	44	PLASMA-LYTE-148	78
<i>paromomycin sulfate</i>	18	<i>perphenazine</i>	46	PLAVIX	60
<i>paroxetine hcl</i>	31	<i>perphenazine/amitriptyline</i>	32	<i>plenamine</i>	78
<i>paroxetine hcl er</i>	31	<i>phenadoz</i>	33		
PASER	37	<i>phenelzine sulfate</i>	30		
PATADAY	110	<i>phenergan</i>	33		
PATANASE	114	PHENERGAN	114		
PATANOL	110	<i>phenobarbital</i>	27		
PAXIL	31	<i>phenobarbital sodium</i>	117		
PAXIL CR	31	PHENYTEK	28		
		<i>phenytoin</i>	28		

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PNV FERROUS FUMARATE/DOCUSATE/FOLIC ACID	81	<i>potassium chloride/dextrose/sodium chloride</i>	78	PREMASOL	79
PNV PRENATAL PLUS MULTIVITAMIN	81	<i>potassium chloride/sodium chloride</i>	78	PREMPHASE	98
PNV PRENATAL PLUS MULTIVITAMIN + DHA	81	<i>potassium citrate er tabs</i>	79	PREMPRO	98
PNV TABS 29-1	81	POTIGA	25	PRENAISSANCE	82
PNV-DHA	81	PRADAXA	58	PRENAISSANCE PLUS	82
PNV-SELECT	81	PRALUENT	68	PRENATA	82
PNV-VP-U	82	<i>pramipexole dihydrochloride er</i>	45	PRENATAL 19	82
<i>podofilox</i>	75	<i>pramipexole dihydrochloride immediate release tabs</i>	45	PRENATAL PLUS	82
<i>polycin</i>	109	PRANDIN	56	PRENATAL PLUS IRON	82
<i>polyethylene glycol 3350</i>	87	PRAVACHOL	68	PRENATE	82
<i>polymyxin b sulfate/trimethoprim sulfate</i>	109	<i>pravastatin sodium</i>	68	PRENATE AM	82
<i>poly-vitamin/fluoride</i>	82	<i>prazosin hcl</i>	60	PRENATE DHA	82
POMALYST	38	PRECOSE	57	PRENATE ELITE	83
<i>portia-28</i>	98	PRED FORTE	111	PRENATE ESSENTIAL	83
PORTRAZZA	41	PRED MILD	111	PRENATE MINI	83
POTASSIUM CHLORIDE	79	<i>prednicarbate oint, emollient crea</i>	92	PRENATE PIXIE	83
<i>potassium chloride 0.15% d5w/nacl 0.45%</i>	78	<i>prednisolone</i>	92	PREPLUS	83
<i>potassium chloride 0.22% d5w/nacl 0.45%</i>	78	<i>prednisolone acetate ophthalmic soln 1%</i>	111	PREPOPIK	87
<i>potassium chloride 0.224%d5w/nacl 0.45% viaflex</i>	78	<i>prednisolone sodium phosphate</i>	92	PREQUE 10	83
<i>potassium chloride cr</i>	78	<i>prednisolone sodium phosphate</i>	111	PRETAB	83
<i>potassium chloride er</i>	78	<i>prednisolone sodium phosphate odt</i>	92	PREVACID	87
<i>potassium chloride sr</i>	78	<i>prednisolone sodium phosphate odt</i>	92	PREVACID SOLUTAB	87
POTASSIUM CHLORIDE/DEXTROSE	78	<i>prednisone</i>	92	<i>prevalite</i>	68
POTASSIUM CHLORIDE/DEXTROSE/LACTATED RINGERS	78	<i>prednisone intensol oral soln conc</i>	92	<i>previfem</i>	98
		PREFERA OB	82	PREVPAC	19
		PREFERAOB +DHA	82	PREZCOBIX	53
		PREFERAOB ONE	82	PREZISTA	53
		PREMARIN	98	PRIFTIN	37
				PRILOSEC	87
				<i>primaquine phosphate</i>	44
				<i>primidone</i>	27
				PRINIVIL	62
				PRISTIQ	31
				PRIVIGEN	104
				<i>probenecid</i>	35
				<i>probenecid/colchicine</i>	35

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PROCALAMINE	79	<i>propylthiouracil</i>	101	<i>quinidine gluconate cr tabs</i>	63
PROCARDIA	65	PROQUAD	105	<i>quinidine gluconate er tabs</i>	63
PROCARDIA XL	65	PROSCAR	89	<i>quinidine sulfate</i>	63
PROCENTRA	70	PROSOL	79	<i>quinine sulfate</i>	44
<i>prochlorperazine</i>	47	PROTONIX	87	RABAVERT	105
<i>prochlorperazine edisylate</i>	47	PROTOPIC	75	<i>rabeprazole sodium tabs</i>	87
<i>prochlorperazine maleate</i>	47	<i>protriptyline hcl</i>	32	<i>rajani</i>	98
PROCRIT	59	PROVERA	100	<i>raloxifene hydrochloride</i>	100
<i>procto-med hc</i>	93	PROVIDA DHA	83	<i>ramipril</i>	62
<i>procto-pak</i>	93	PROVIGIL	117	RANEXA	66
<i>proctosol hc topical crea</i>	93	PROZAC	31	<i>ranitidine hcl</i>	86
<i>proctozone-hc</i>	93	PROZAC WEEKLY	31	RAPAFLO	89
<i>progesterone</i>	100	PRUDOXIN	75	RAPAMUNE	103
PROGLYCEM	57	PSORCON	93	<i>rasagiline mesylate</i>	46
PROGRAF	102	PULMICORT FLEXHALER	113	RASUVO	103
PROLASTIN-C	88	PULMICORT INHALATION SUSP	113	RAVICTI	88
PROLENSA	111	PULMOZYME	115	RAYOS	93
PROLEUKIN	41	PUREFE OB PLUS	83	RAZADYNE	29
PROLIA	107	PURIXAN	39	RAZADYNE ER	29
PROMACTA	59	<i>pyrazinamide</i>	37	REBETOL	50
<i>promethazine hcl</i>	33	<i>pyridostigmine bromide</i>	37	RECLAST	107
<i>promethazine hcl</i>	114	<i>pyridostigmine bromide er</i>	37	<i>reclipsen</i>	98
<i>promethazine vc plain syrup</i>	114	QUADRACEL	105	RECOMBIVAX HB	105
<i>promethazine/phenylephrine syrup</i>	114	QUALAQUIN	44	RECTIV	75
<i>promethegan</i>	33	<i>quasense</i>	98	REGLAN	85
PROMETRIUM	100	QUDEXY XR	28	REGRANEX	75
<i>propafenone hcl er caps</i>	63	QUESTRAN	69	RELENZA DISKHALER	53
<i>propafenone hcl tabs</i>	63	<i>quetiapine fumarate</i>	48	RELISTOR	85
<i>proparacaine hcl</i>	109	<i>quetiapine fumarate er</i>	48	RELNATE DHA	83
<i>propranolol hcl</i>	64	QUILLICHEW ER	71	RELPAK	36
<i>propranolol hcl er caps</i>	64	QUILLIVANT XR	71	REMERON	30
<i>propranolol/hydrochlorothiazide</i>	64	<i>quinapril</i>	62	REMERON SOLTAB	30
		<i>quinapril/hydrochlorothiazide</i>	62	REMICADE	103
				REMODULIN	116
				RENAGEL	80

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RENVELA	80	<i>risedronate sodium</i>	107	SALAGEN	73
<i>repaglinide</i>	57	<i>risedronate sodium dr</i>	107	SANCUSO	33
<i>repaglinide/</i>	57	<i>tabs 35mg</i>		SANDIMMUNE	103
<i>metformin</i>		RISPERDAL	49	SANDOSTATIN LAR	101
<i>hydrochloride</i>		RISPERDAL CONSTA	48	DEPOT	
<i>reprexain</i>	16	RISPERDAL M-TAB	48	SANTYL	75
REQUIP	45	<i>risperidone</i>	49	SAPHRIS	49
REQUIP XL	45	<i>risperidone odt</i>	49	SARAFEM	108
RESCRIPTOR	51	RITALIN	71	SAVELLA	72
RESTASIS	109	RITALIN LA	72	SAVELLA TITRATION	72
RESTASIS	109	RITUXAN	43	PACK	
MULTIDOSE		<i>rivastigmine tartrate</i>	29	SEASONIQUE	98
RESTORIL	54	<i>caps</i>		SECTRAL	64
RETIN-A	75	<i>rivastigmine</i>	29	SELECT-OB	83
RETIN-A MICRO GEL	75	<i>transdermal system</i>		<i>selegiline hcl</i>	46
RETIN-A MICRO GEL	75	RIVELSA	98	<i>selenium sulfide</i>	75
PUMP		<i>rizatriptan benzoate</i>	36	SELZENTRY	52
RETROVIR	52	<i>odt</i>		SE-NATAL 19	83
RETROVIR IV	52	<i>rizatriptan benzoate</i>	36	SENSIPAR	107
INFUSION		<i>tabs</i>		SEREVENT DISKUS	115
REVATIO	116	ROBINUL	85	<i>sertraline hcl</i>	32
REVLIMID	38	ROBINUL FORTE	85	<i>setlakin</i>	98
REXULTI	48	ROCALTROL	107	<i>sf gel 1.1%</i>	73
REYATAZ	53	<i>ropinirole er</i>	45	<i>sharobel</i>	100
<i>ribasphere</i>	51	<i>ropinirole hcl</i>	45	SIGNIFOR 0.3MG/	101
RIBASPHERE	50	<i>immediate release</i>		ML, 0.6MG/ML,	
RIBAPAK		<i>tabs</i>		0.9MG/ML.	
<i>ribavirin</i>	117	<i>rosadan 0.75% crea,</i>	75	<i>sildenafil</i>	116
<i>ribavirin</i>	51	<i>gel</i>		SILENOR	118
RIDAURA	104	<i>rosuvastatin calcium</i>	68	SILVADENE	75
<i>rifabutin</i>	37	ROTARIX	105	<i>silver sulfadiazine</i>	75
RIFADIN	37	ROTATEQ	105	SIMBRINZA	112
<i>rifampin</i>	37	<i>rowepra</i>	25	SIMULECT	103
RIFATER	37	ROXICODONE	16	<i>simvastatin</i>	68
RILUTEK	72	ROZEREM	117	SINEMET	46
<i>riluzole</i>	72	RUBRACA	41	SINEMET CR	46
<i>rimantadine hcl</i>	53	RYDAPT	41	SINGULAIR	114
<i>ringers injection</i>	79	RYTARY	46	<i>sirolimus</i>	103
RIOMET	57	RYTHMOL SR	63	SIRTURO	37
		SABRIL	27		

Drug name	Page	Drug name	Page	Drug name	Page
SIVEXTRO	19	<i>sps oral susp</i>	80	<i>sumatriptan succinate</i>	36
<i>sodium bicarbonate</i>	80	<i>15gm/60ml</i>		<i>refill</i>	
<i>inj</i>		<i>sronyx</i>	98	SUMAVEL DOSEPRO	36
<i>sodium bicarbonate</i>	80	SSD 1% CREA	75	SUPRAX	21
<i>partial fill 4.2%</i>		STALEVO 100	46	SUPREP BOWEL	87
<i>sodium chloride</i>	79	STALEVO 150	46	PREP KIT	
<i>sodium chloride</i>	79	STALEVO 200	46	SUSTIVA	51
<i>0.45%</i>		STALEVO 50	46	SUTENT	43
<i>sodium chloride 0.9%</i>	89	STARLIX	57	<i>syeda</i>	98
<i>irrigation soln</i>		<i>stavudine</i>	52	SYLATRON	51
<i>sodium fluoride</i>	79	<i>sterile water irrigation</i>	79	SYLVANT	104
<i>sodium</i>	88	STIMATE	94	SYMBICORT	113
<i>phenylbutyrate</i>		STIVARGA	43	SYMBYAX	32
<i>sodium polystyrene</i>	80	STRATTERA	72	SYMLINPEN 120	57
<i>sulfonate</i>		<i>streptomycin sulfate</i>	18	SYMLINPEN 60	57
<i>sodium sulfacetamide</i>	75	STRIANT	94	SYNAGIS	104
<i>sodium sulfacetamide</i>	109	STRIBILD	51	SYNALAR	93
SOLARAZE	75	STROMECTOL	44	SYNALAR CREAM KIT	93
SOLODYN	25	SUBOXONE	17	SYNAREL	101
SOLTAMOX	38	SUCRALFATE	87	SYNERCID	19
SOLU-CORTEF	93	SULAR	65	SYNRIBO	41
SOLU-MEDROL	93	<i>sulfacetamide sodium</i>	75	SYNTHROID	100
SOMATULINE DEPOT	101	<i>sulfacetamide sodium</i>	109	SYPRINE	80
SOMAVERT	101	<i>sulfacetamide</i>	109	TABLOID	39
SONATA	117	<i>sodium/prednisolone</i>		TACLONEX	75
SORILUX	75	<i>sodium phosphate</i>		TACLONEX	93
<i>sorine</i>	63	<i>ophthalmic soln</i>		<i>tacrolimus</i>	75
<i>sotalol af</i>	63	<i>sulfadiazine</i>	24	<i>tacrolimus</i>	103
<i>sotalol hcl</i>	63	<i>sulfamethoxazole/</i>	24	TAFINLAR	43
SOVALDI	50	<i>trimethoprim</i>		TAGRISSO	43
<i>spironolactone</i>	67	<i>sulfamethoxazole/</i>	24	TAMIFLU	53
<i>spironolactone/</i>	67	<i>trimethoprim ds</i>		<i>tamoxifen citrate</i>	38
<i>hydrochlorothiazide</i>		SULFAMYLON	75	<i>tamsulosin hcl</i>	89
SPORANOX	35	<i>sulfasalazine</i>	106	TAPAZOLE	101
SPORANOX	35	SULFATRIM	24	TARCEVA	43
PULSEPAK		PEDIATRIC		TARGETIN	44
<i>sprintec 28</i>	98	<i>sulindac</i>	12	<i>tarina fe 1/20</i>	99
SPRITAM	25	<i>sumatriptan</i>	36	TARKA	62
SPRYCEL	43	<i>sumatriptan succinate</i>	36		

Drug name	Page	Drug name	Page	Drug name	Page
TARON-PREX	83	tetrabenazine	72	TOBRADEX ST SUSP	109
TASIGNA	43	tetracycline hydrochloride	25	tobramycin nebu 300mg/5ml	116
TAXOTERE	41	THALOMID	38	tobramycin sulfate	18
tazarotene	75	THEO-24	116	tobramycin sulfate	109
tazicef	21	theophylline	116	tobramycin/dexamethasone susp	109
TAZORAC	75	theophylline cr	116	TOBEX	109
taztia xt	65	theophylline er	116	TOFRANIL	32
TECENTRIQ	43	THERACYS	41	TOLAK	75
TEFLARO	21	thioridazine hcl	47	tolazamide	57
TEGRETOL	28	thiotepa	38	tolbutamide	57
TEGRETOL-XR	28	thiothixene	47	tolterodine tartrate er caps	89
TEKTURNA	66	THRIVITE RX	83	tolterodine tartrate tabs	89
TEKTURNA HCT	66	THYMOGLOBULIN	104	TOPAMAX	28
telmisartan	61	tiagabine hydrochloride	27	TOPAMAX SPRINKLE	28
telmisartan/amlodipine	61	TIAZAC	65	TOPICORT	93
telmisartan/hydrochlorothiazide	62	TICE BCG	41	topiramate	28
temazepam	54	TIGAN	33	topiramate er	28
TEMODAR	38	tigecycline	19	toposar	42
TEMOVATE	93	TIKOSYN	63	topotecan hcl	42
TENEX	60	TILIA FE	99	TOPROL XL	64
TENIVAC	105	timolol maleate	112	TORISEL	43
TENORMIN	64	timolol maleate	64	torse mide	66
TERAZOL 7	35	timolol maleate ophthalmic gel forming soln	112	TOUJEO SOLOSTAR	58
terazosin hcl	60	TIMOPTIC	112	TOVIAZ	89
terbinafine hcl	35	TIMOPTIC OCUDOSE	112	TPN ELECTROLYTES INJ	79
terbutaline sulfate	115	TIMOPTIC-XE	112	TRACLEER	116
terconazole	35	tinidazole	19	TRADJENTA	57
TESTIM	94	TIROSINT	100	tramadol hcl	16
testosterone	95	TIVICAY	51	tramadol hcl er	13
testosterone cypionate	94	TIVORBEX	12	tramadol hydrochloride/acetaminophen	16
testosterone enanthate	94	tizanidine hcl	50	trandolapril	62
testosterone gel 12.5mg/act pump	94	TL-SELECT	83	trandolapril/verapamil hcl er	62
tetanus/diphtheria toxoids-adsorbed	105	TOBI	115		
		TOBI PODHALER	116		
		TOBRADEX	109		

Drug name	Page	Drug name	Page	Drug name	Page
<i>tranexamic acid</i>	59	TRICOR	67	<i>trivora-28</i>	99
TRANSDERM-SCOP	33	<i>triderm crea</i>	93	TROKENDI XR	28
TRANXENE T	54	<i>tri-estarylla</i>	99	TROPHAMINE INJ	79
<i>tranylcypromine sulfate</i>	30	<i>trifluoperazine hcl</i>	47	10%	
TRAVASOL	79	<i>trifluridine</i>	109	<i>trospium chloride er caps</i>	89
TRAVATAN Z	108	TRIGLIDE	67	<i>trospium chloride tabs</i>	89
<i>trazodone hcl</i>	32	<i>trihexyphenidyl hcl</i>	45	TRULICITY	57
TREANDA	38	<i>tri-legest fe</i>	99	TRUMENBA	105
TRECTOR	37	TRILEPTAL	28	TRUSOPT	112
TRELSTAR	101	<i>tri-linyah</i>	99	TRUVADA	52
TRELSTAR MIXJECT	101	TRILIPIX	68	TWINRIX	105
TRESIBA FLEXTOUCH	58	<i>tri-lo-estarylla</i>	99	TWYNSTA	62
<i>tretinoin</i>	44	<i>tri-lo-marzia</i>	99	TYBOST	52
<i>tretinoin</i>	75	<i>tri-lo-sprintec</i>	99	TYGACIL	19
<i>tretinoin microsphere gel</i>	75	<i>trilyte</i>	87	TYKERB	43
<i>tretinoin microsphere pump gel</i>	75	<i>trimethobenzamide hcl</i>	33	TYLENOL/CODEINE #3	16
TREXALL	103	<i>trimethoprim</i>	19	TYPHIM VI	105
TREXIMET	36	<i>trimethoprim sulfate/ polymyxin b sulfate</i>	110	TYSABRI	72
TRIADVANCE	84	<i>trimipramine maleate</i>	32	UCERIS	93
<i>triamcinolone acetoneide</i>	93	TRINATAL GT	84	ULORIC	35
<i>triamcinolone acetoneide</i>	73	TRINATAL RX 1	84	ULTIMATECARE ONE NF	84
<i>triamcinolone acetoneide</i>	113	TRINESSA	99	ULTRACET	16
<i>triamcinolone in orabase</i>	73	TRINESSA LO	99	ULTRAM	16
<i>triamterene/ hydrochlorothiazide</i>	67	TRINTELLIX	30	ULTRAVATE	93
TRIANEX	93	TRIOSTAT	101	UNITHROID	101
<i>triazolam</i>	54	<i>triple antibiotic</i>	110	UPTRAVI	116
TRIBENZOR	62	<i>tri-previfem</i>	99	URECHOLINE	90
TRICARE PRENATAL	84	TRISENOX	41	UROCIT-K 10	79
TRICARE PRENATAL DHA ONE	84	<i>tri-sprintec</i>	99	UROCIT-K 15	79
TRICARE PRENATAL TABS	84	TRISTART DHA	84	UROCIT-K 5	79
		TRIUMEQ	52	UROXATRAL	89
		TRIVEEN-PRX RNF	84	URSO 250	85
		<i>tri-vit/fluoride</i>	84	URSO FORTE	85
		TRI-VIT/FLUORIDE/IRON	83	<i>ursodiol</i>	85
		<i>tri-vitamin/fluoride soln 0.25mg/ml</i>	84	UVADEX	41

Drug name	Page	Drug name	Page	Drug name	Page
VAGIFEM	99	VERAMYST	113	VIRT-PN	84
<i>valacyclovir hcl</i>	53	<i>verapamil hcl</i>	66	VIRT-PN DHA	84
VALCHLOR	38	<i>verapamil hcl er tabs,</i>	65	VIRT-PN PLUS	84
VALCYTE	50	<i>caps</i>		VIRT-SELECT	84
<i>valganciclovir</i>	50	<i>verapamil hcl sr</i>	65	VISTARIL	114
<i>hydrochloride soln</i>		VERELAN	66	VITAFOL FE+	84
<i>valganciclovir tabs</i>	50	VERELAN PM	66	VITAFOL GUMMIES	84
VALIUM	54	VERIPRED 20	93	VITAFOL-ONE	84
<i>valproate sodium</i>	27	VERSACLOZ	50	VITAMEDMD ONE	84
<i>valproic acid</i>	27	VESICARE	89	RX/QUATREFOLIC	
<i>valsartan</i>	62	<i>vestura</i>	99	<i>vitamins a/d/c/</i>	84
<i>valsartan/</i>	62	VIBRAMYCIN	25	<i>fluoride</i>	
<i>hydrochlorothiazide</i>		<i>vicodin</i>	16	VIVELLE-DOT	99
VALSTAR	41	<i>vicodin es</i>	16	VIVLODEX	12
VALTREX	53	<i>vicodin hp</i>	16	VOGELXO	95
VANCOGIN HCL	19	VICTOZA	57	VOGELXO PUMP	95
VANCOMYCIN	20	VIDEX EC	52	VOL-NATE	84
<i>vancomycin hcl</i>	19	VIDEX PEDIATRIC	52	VOL-PLUS	84
VANCOMYCIN HCL	19	<i>vienva</i>	99	VOLTAREN	12
IN DEXTROSE		VIGAMOX	110	<i>voriconazole</i>	35
VANDAZOLE	20	VIIIBRYD	32	VOTRIENT	43
VANOS	93	VIIIBRYD STARTER	32	VP-CH-PNV	84
VAQTA	105	PACK		VP-HEME ONE	84
VARIVAX	105	VIMOVO	12	VP-PNV-DHA	84
VASCEPA	69	VIMPAT	28	VRAYLAR	49
VASOTEC	62	<i>vinblastine sulfate</i>	41	<i>vyfemla</i>	99
VECTIBIX	41	<i>vincasar pfs</i>	41	VYTORIN	69
VECTICAL	75	<i>vincristine sulfate</i>	41	VYVANSE	70
VELCADE	41	<i>vinorelbine tartrate</i>	41	<i>warfarin sodium</i>	58
<i>velivet</i>	99	<i>viorele</i>	99	WELCHOL	69
VEMAVITE-PRX 2	84	VIRACEPT	53	WELLBUTRIN SR	30
VENA-BAL DHA	84	VIRAMUNE	51	WELLBUTRIN XL	30
VENCLEXTA	43	VIRAMUNE XR	51	<i>wera</i>	99
VENCLEXTA	43	VIRAZOLE	117	<i>wymzya fe</i>	99
STARTING PACK		VIREAD	52	XALATAN	108
<i>venlafaxine hcl er</i>	32	VIROPTIC	110	XALKORI	43
<i>venlafaxine hcl tabs</i>	32	VIRT-ADVANCE	84	XANAX	54
VENTAVIS	116	VIRT-C DHA	84	XANAX XR	54
VENTOLIN HFA	115				

Drug name	Page	Drug name	Page	Drug name	Page
XELJANZ	103	<i>zebutal</i>	10	<i>zolpidem tartrate</i>	117
XELJANZ XR	103	ZEGERID	87	ZOMIG	36
XENAZINE	72	ZEJULA	41	ZONALON	76
XGEVA	107	ZELAPAR	46	ZONEGRAN	26
XIFAXAN	20	ZELBORAF	43	<i>zonisamide</i>	26
XIGDUO XR	57	ZEMAIRA	88	ZONTIVITY	58
XODOL	16	ZEMBRACE	36	ZORTRESS	103
XOLAIR	104	SYMTOUCH		ZOSTAVAX	105
XOPENEX HFA	115	ZEMPLAR	107	<i>zovia 1/35e</i>	99
45MCG/ACT		<i>zenatane</i>	75	<i>zovia 1/50e</i>	99
XOPENEX NEBU	115	<i>zenchent</i>	99	ZOVIRAX	53
0.31MG/3ML,		<i>zenchent fe</i>	99	ZYBAN	17
0.63MG/3ML,		ZENPEP	88	ZYCLARA CREA	76
1.25MG/3ML		ZENZEDI	70	ZYCLARA PUMP	76
XTANDI	38	ZERIT	52	ZYDELIG	43
XULANE	99	ZESTORETIC	62	ZYKADIA	43
XYLOCAINE	17	ZESTRIL	63	ZYLET	110
<i>xylon</i>	16	ZETIA	69	ZYLOPRIM	35
XYREM	118	ZIAC	64	ZYMAXID	110
XYZAL	114	ZIAGEN	52	ZYPREXA	49
YASMIN	28	<i>zidovudine</i>	52	ZYPREXA RELPREVV	49
YERVOY	41	ZIOPTAN	108	ZYPREXA ZYDIS	49
YF-VAX	105	<i>ziprasidone hcl</i>	49	ZYTIGA	38
YONDELIS	38	ZIPSOR	12	ZYVOX	20
<i>yuvafem</i>	99	ZIRGAN	110		
<i>zafirlukast</i>	114	ZITHROMAX	23		
<i>zaleplon</i>	117	ZITHROMAX TRI-PAK	23		
ZALTRAP	41	ZITHROMAX Z-PAK	23		
<i>zamicet</i>	16	ZMAX	23		
ZANAFLEX	50	ZOCOR	68		
ZANOSAR	41	ZOFRAN	33		
ZANTAC	86	ZOFRAN ODT	33		
<i>zarah</i>	99	ZOLADEX	101		
ZARONTIN	26	<i>zoledronic acid</i>	107		
ZATEAN-CH	84	ZOLINZA	41		
ZATEAN-PN DHA	84	<i>zolmitriptan</i>	36		
ZATEAN-PN PLUS	84	<i>zolmitriptan odt</i>	36		
ZAVESCA	88	ZOLOFT	32		
<i>zazole</i>	35				

Enhanced Drug Benefit List*

Please check your Prescription Drug Schedule of Cost Sharing to find out if your plan includes an “Enhanced Drug Benefit.” The enhanced drugs are listed in this guide by Enhanced Drug Benefit Categories. If your plan includes enhanced drug benefits, look for the Enhanced Drug Benefit Category in the following pages to determine which drugs are covered. For example, if the Prescription Drug Schedule of Cost Sharing says that your plan includes coverage for “Vitamins and Minerals” and “Erectile Dysfunction”, find the lists titled “Vitamins and Minerals” and “Erectile Dysfunction” to find which drugs are covered. For more information, call the toll free telephone number on your Aetna Medicare identification card or our member service center at 1-800-594-9390 (TTY: 711), 8 a.m. to 6 p.m. local time, Monday through Friday. Representatives are available to assist you. For TTY assistance please dial 711.

Key**

Drug name	Drug tier	Requirements/Limits
UPPERCASE = Brand-name prescription drugs	1, 2, 3, 4 = Copay tier level	QL = Quantity Limit PA = Prior Authorization
<i>Lowercase italics</i> = Generic medications		

Drug name Drug tier Requirements/Limits

COSMETIC

ACLARO	2
<i>alphaquin hp</i>	1
AVAGE	2
BOTOX COSMETIC	2
CENOVIA	2
CLARYS	2
EPIQUIN MICRO	2
<i>finasteride</i>	1
<i>hydroquinone</i>	1
<i>hydroquinone time release</i>	1
KYBELLA	2
LATISSE	2
LUSTRA	2

*These prescription drugs are not normally covered in a Medicare Prescription Drug Plan. Check your Prescription Drug Schedule of Cost Sharing to find out if you have coverage for these drugs. The amount you pay when you fill a prescription for these drugs does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for these drugs.

**You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
LUSTRA-AF	2	
LUSTRA-ULTRA	2	
<i>melpaque hp</i>	1	
MELQUIN 3	2	
<i>melquin hp</i>	1	
NUQUIN HP GEL	2	
<i>nuquin hp crea</i>	1	
OXSORALEN	2	
PERLANE	2	
PERLANE-L	2	
PROPECIA	2	
REFISSA	2	
<i>remergent hq</i>	1	
RENOVA PUMP	2	
RESTYLANE	2	
RESTYLANE-L	2	
<i>skin bleaching</i>	1	
<i>skin bleaching/sunscreen</i>	1	
<i>tl hydroquinone</i>	1	
<i>tretinoin emollient</i>	1	
TRI-LUMA	2	
VANIQA	2	
COUGH AND COLD		
<i>benzonatate</i>	1	
<i>biotuss</i>	1	
<i>biotuss pediatric</i>	1	
<i>bromfed dm</i>	1	
CARBAPHEN 12	2	
CARBAPHEN 12 PED	2	
<i>centergy dm</i>	1	
CGU WC	2	
CODAR AR	2	

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Drug name	Drug tier	Requirements/Limits
CPB WC	2	
DECON-A	2	
DECON-G	2	
<i>dextromethorphan hbr/ phenylephrine hcl/ chlorpheniramine</i>	1	
<i>entre-b</i>	1	
EXACTUSS	2	
<i>exefen-ir</i>	1	
FLOWTUSS	2	
<i>gani-tuss nr</i>	1	
GILPHEX TR	2	
GILTUSS	2	
<i>giltuss pediatric</i>	1	
GILTUSS TR CAPS 14MG; 288MG; 7MG	2	
GILTUSS TR TABS 28MG; 388MG; 10MG	2	
GILTUSS TR TB12 30MG; 600MG; 20MG	2	
<i>guaifenesin/dextromethorphan sr</i>	1	
HDC DM	2	
HYCOFENIX	2	
<i>hydrocodone bitartrate/ chlorpheniramine maleate/pse</i>	1	
<i>hydrocodone bitartrate/ homatropine methylbromide</i>	1	
<i>hydrocodone polistirex/ chlorpheniramine polistirex</i>	1	
<i>hydromet</i>	1	
LARTUS	2	
<i>lexuss 210</i>	1	
MUCINEX DM	2	

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**You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
NARIZ	2	
NASOTUSS	2	
NEOTUSS PLUS	2	
<i>nohist-dm</i>	1	
<i>nortuss-de</i>	1	
NORTUSS-EX	2	
OBREDON	2	
<i>phenylephrine/guaiifenesin</i>	1	
PROHIST CD	2	
PROHIST CF	2	
PROMETHAZINE VC/CODEINE	2	
<i>promethazine/codeine</i>	1	
<i>promethazine/dextromethorphan</i>	1	
RELHIST	2	
REZIRA	2	
RHINOLAR	2	
TESSALON PERLES	2	
TGQ 15DM/5PEH/2CPM	2	
TGQ 30PSE/150GFN/15DM	2	
TGQ 30PSE/3BRM/15DM	2	
TUSNEL PED-C	2	
TUSSICAPS	2	
<i>tussigon</i>	1	
TUSSIONEX PENNKINETIC EXTENDED RELEASE	2	
TUSSO-C	2	
TUZISTRA XR	2	
VIRAVAN-DM CHEW	2	
VAZOTAN	2	
VITUZ	2	
ZONATUSS	2	
<i>zotex-12d</i>	1	

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Drug name	Drug tier	Requirements/Limits
ZOTEX-C	2	
ZUTRIPRO	2	
ERECTILE DYSFUNCTION		
CAVERJECT	2	QL (6 EA per 30 days)
CAVERJECT IMPULSE	2	QL (6 EA per 30 days)
CIALIS	2	QL (6 EA per 30 days)
EDEX	2	QL (6 EA per 30 days)
LEVITRA	2	QL (6 EA per 30 days)
MUSE	2	QL (6 EA per 30 days)
<i>papaverine-alprostadil</i>	1	QL (5 ML per 30 days)
<i>papaverine/phentolamine mes/ alprostadil</i>	1	QL (5 ML per 30 days)
<i>phentolamine mesylate-alprostadil</i>	1	QL (5 ML per 30 days)
STAXYN	2	QL (6 EA per 30 days)
STENDRA	2	QL (6 EA per 30 days)
VIAGRA	2	QL (6 EA per 30 days)
FERTILITY		
BRAVELLE	2	
CETROTIDE INJ	2	
<i>clomiphene citrate</i>	1	
ENDOMETRIN	2	
FOLLISTIM AQ	2	
<i>ganirelix acetate</i>	1	
GONAL-F	2	
GONAL-F RFF	2	
GONAL-F RFF REDIJECT	2	
MENOPUR	2	
OVIDREL	2	
MISCELLANEOUS		
<i>aero otic hc</i>	1	
ALA-QUIN	2	
ALCORTIN A	2	

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Drug name	Drug tier	Requirements/Limits
ALOQUIN	2	
<i>aminobenzoate potassium</i>	1	
ANALPRAM-HC	2	
ANALPRAM-HC SINGLES	2	
<i>anucort-hc</i>	1	
ANUSOL-HC	2	
CETACAINE	2	
CORTANE-B	2	
CORTANE-B AQUEOUS	2	
CORTANE-B-OTIC	2	
<i>cortic-nd</i>	1	
<i>covaryx</i>	1	
<i>covaryx hs</i>	1	
<i>cyotic</i>	1	
DECON-G	2	
DERMASORB AF	2	
<i>dermazene</i>	1	
DONNATAL	2	
<i>eemt</i>	1	
<i>eemt hs</i>	1	
<i>esterified estrogens/ methyltestosterone</i>	1	
<i>exotic-hc</i>	1	
GRANULEX	2	
<i>grx hicort 25</i>	1	
<i>hemorrhoidal-hc</i>	1	
<i>hydrocortisone acetate</i>	1	
<i>hydrocortisone acetate/pramoxine</i>	1	
<i>hydrocortisone/iodoquinol</i>	1	
<i>isometheptene mucate/caffeine/ acetaminophen</i>	1	

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Drug name	Drug tier	Requirements/Limits
<i>isometheptene/ dichloralphenazone/ acetaminophen</i>	1	
<i>isoxsuprine hcl</i>	1	
MEPERIDINE HCL/ PROMETHAZINE HCL	1	
<i>nodolor</i>	1	
NOVACORT	2	
OTICIN HC NR	2	
<i>oto-end 10</i>	1	
<i>otomax-hc</i>	1	
POTABA	2	
<i>potassium p-aminobenzoate</i>	1	
PRAMOSONE	2	
PRAMOSONE E	2	
PROCTOCORT	2	
PRODRIN	2	
<i>rectacort-hc</i>	1	
<i>tbc</i>	1	
VYTONE	2	

VITAMINS AND MINERALS

ACTIVE FE	2	
ADRENAL C FORMULA	2	
ADVANCED AM/PM	2	
<i>airavite</i>	1	
ALBAFORT INJ 100MCG/ML; 50MG/ML; 20%; 12.5MG/ML; 1MG/ML; 2MG/ML; 0.5MG/ML; 12.5MG/ML	2	
<i>aminobenzoate potassium pack</i>	1	
ANIMI-3	2	
ANIMI-3/VITAMIN D	2	
AP-ZEL	2	

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Drug name	Drug tier	Requirements/Limits
AQUASOL A PARENTERAL	2	
<i>ascorbic acid inj 500mg/ml</i>	1	
ASTAMED MYO	2	
ATABEX EC	2	
AVAILNEX	2	
AXONA	2	
<i>b-6 folic acid</i>	1	
BACMIN	2	
<i>b-complex 100</i>	1	
BIFERARX	2	
<i>biocel</i>	1	
<i>bp folinatal plus b</i>	1	
<i>bp multinatal plus</i>	1	
BP VIT 3	2	
<i>b-plex</i>	1	
<i>b-plex plus</i>	1	
CARDIOTEK-RX	2	
CENFOL	2	
CENTRATEX	2	
CEREFOLIN	2	
CEREFOLIN NAC	2	
CIFEREX	2	
CITRANATAL ASSURE MISC	2	
120MG; 124MG; 400UNIT; 2MG; 300MG; 50MG; 0.75MG; 0; 1MG; 35MG; 0; 20MG; 150MCG; 25MG; 3.4MG; 3MG; 30UNIT; 25MG		
<i>cod liver oil</i>	1	
<i>complete natal dha</i>	1	
<i>corvita</i>	1	
<i>corvita 150</i>	1	
CORVITE	2	

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Drug name	Drug tier	Requirements/Limits
CORVITE 150	2	
CORVITE FE	2	
<i>corvite free</i>	1	
<i>cyanocobalamin</i>	1	
CYFOLEX	2	
DEPLIN 15	2	
DEPLIN 7.5	2	
DERMANIC	2	
<i>dialyvite</i>	1	
DIALYVITE 3000	2	
DIALYVITE 5000	2	
DIALYVITE SUPREME D	2	
DIALYVITE/ZINC	2	
DIVISTA	2	
DRISDOL	2	
DURACHOL	2	
ED CYTE F	2	
ELFOLATE PLUS	2	
ELIGEN B12	2	
ENLYTE	2	
ENTERAGAM	2	
ERGOCAL	2	
<i>ergocalciferol</i>	1	
<i>fabb</i>	1	
FE 90 PLUS	2	
FERAHEME	2	
FERIVA	2	
FERIVA 21/7	2	
FERIVAF	2	
<i>ferocon</i>	1	
<i>ferottrinsic</i>	1	
FERRALET 90	2	

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Drug name	Drug tier	Requirements/Limits
FERRAPLUS 90	2	
<i>ferrocite plus</i>	1	
<i>ferrogels forte</i>	1	
FERRO-PLEX HEMATINIC	2	
FERROTRIN	2	
<i>folbee</i>	1	
FOLBEE AR	2	
<i>folbee plus</i>	1	
<i>folbee plus cz</i>	1	
<i>folbic</i>	1	
FOLBIC RF	2	
FOLGARD OS	2	
FOLGARD RX	2	
<i>folic acid inj 5mg/ml</i>	1	
<i>folic acid tabs 1mg</i>	1	
<i>folic acid/cyanocobalamin/ pyridoxine hydrochloride</i>	1	
<i>folic acid/vitamin b-6/vitamin b-12</i>	1	
FOLIVANE-F	2	
FOLIVANE-PLUS	2	
FOLIXAPURE	2	
<i>folplex 2.2</i>	1	
FOLTANX	2	
FOLTANX RF	2	
FOLTRATE	2	
<i>foltrin</i>	1	
FOLTX	2	
FORTAVIT	2	
FOSTEUM	2	
FOSTEUM PLUS	2	
FOVEX	2	
FUSION PLUS	2	

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Drug name	Drug tier	Requirements/Limits
FUSION SPRINKLES	2	
GABADONE	2	
<i>hematinic plus complex</i>	1	
<i>hematinic plus vitamins/minerals</i>	1	
<i>hematinic/folic acid</i>	1	
<i>hematogen</i>	1	
HEMATOGEN FA	2	
<i>hematogen forte</i>	1	
HEMATRON-AF	2	
HEMETAB	2	
HEMOCYTE PLUS	2	
HEMOCYTE-F ELIX	2	
<i>hemocyte-f tabs</i>	1	
<i>hemocyte-plus</i>	1	
<i>hydroxocobalamin inj</i>	1	
HYPERTENSA	2	
ICAR-C PLUS	2	
<i>iferex 150 forte</i>	1	
<i>infed</i>	1	
<i>infuvite</i>	1	
<i>infuvite pediatric</i>	1	
INJECTAFER	2	
INTEGRA F	2	
INTEGRA PLUS	2	
IROSPAN 24/6	2	
KOSHER PRENATAL PLUS IRON	2	
LEVOMEFOLATE DHA	2	
LIMBREL	2	
LIMBREL250	2	
LIMBREL500	2	
LIPICHOL 540	2	
LISTER-V	2	

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Drug name	Drug tier	Requirements/Limits
<i>l-methyl-b6-b12</i>	1	
<i>l-methylfolate</i>	1	
L-METHYLFOLATE CA ME-CBL NAC	2	
<i>l-methylfolate ca/p-5-p/me-cbl</i>	1	
<i>l-methylfolate calcium</i>	1	
L-METHYLFOLATE FORMULA 15	2	
L-METHYLFOLATE FORMULA 7.5	2	
L-METHYLFOLATE FORTE	2	
L-METHYL-MC	2	
L-METHYL-MC NAC	2	
<i>lmthf/pyridoxine hcl/ cyanocobalamin</i>	1	
LUKAID GLA	2	
<i>lysiplex plus</i>	1	
M.V.I. ADULT	2	
M.V.I.-12 WITHOUT VITAMIN K	2	
MACUTEK	2	
MAXARON FORTE	2	
MAXFE	2	
MEPHYTON	2	
METAFOLBIC	2	
METAFOLBIC PLUS	2	
METAFOLBIC PLUS RF	2	
METANX	2	
<i>methionine/inositol/choline/ cyanocobalamin</i>	1	
<i>multi-b-plus</i>	1	
MULTIGEN	2	
MULTIGEN FOLIC	2	
MULTIGEN PLUS	2	
<i>myferon 150 forte</i>	1	

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Drug name	Drug tier	Requirements/Limits
MYNATAL	2	
<i>mynate 90 plus</i>	1	
<i>mynephrocaps</i>	1	
NASCOBAL	2	
NATALVIRT FLT	2	
NEEVO DHA CAPS 0; 85MG; 110MG; 5MCG; 27MG; 1.13MG; 60MG; 1MG; 18MG; 220MCG; 25MG; 1.4MG; 60MCG; 0; 1.4MG; 15MG	2	
NEPHPLEX RX	2	
NEPHROCAPS	2	
NEPHROCAPS QT	2	
NEPHRON FA	2	
<i>nephronex</i>	1	
NEPHRO-VITE RX	2	
NESTABS DHA	2	
NEUREPA	2	
NEURIN-SL	2	
<i>niacin powd</i>	1	
NICADAN	2	
NICAZEL	2	
NICAZEL FORTE	2	
NICOMIDE TABS 0.5MG; 100MCG; 2MG; 750MG; 50MCG; 27MG	2	
NICOMIDE TABS 1.5MG; 500MCG; 750MG; 25MG	2	
NOXIFOL-D	2	
<i>nufol</i>	1	
NUTRICAP	2	
<i>nutrifac zx</i>	1	
NUTRIVIT	2	
OBSTETRIX DHA	2	

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Drug name	Drug tier	Requirements/Limits
<i>obstetrix ec</i>	1	
OCUVEL	2	
<i>ortho-cs 250</i>	1	
PERCURA	2	
PHYSICIANS EZ USE B-12 COMPLIANCE KIT	2	
PHYTONADIONE	1	
<i>poly-iron 150 forte</i>	1	
<i>polysaccharide iron forte</i>	1	
POTABA CAPS	2	
<i>pr natal 400</i>	1	
<i>pr natal 400 ec</i>	1	
<i>pr natal 430</i>	1	
<i>pr natal 430 ec</i>	1	
PRE-FOLIC	2	
PRENA 1 TRUE	2	
PRENA1 CHEW	2	
PRENA1 PEARL	2	
<i>prenaissance harmony dha</i>	1	
PRENAISSANCE NEXT-B	2	
<i>prenatal tabs 100mg; 0; 0; 263mg; 400unit; 4mcg; 27mg; 0.8mg; 18mg; 2.6mg; 1.7mg; 1.5mg; 11unit; 4000unit; 25mg</i>	1	
PRIMACARE CAPS	2	
PROFERRIN-FORTE	2	
PROTECT PLUS	2	
PROTECTIRON	2	
PROTEOLIN	2	
PULMONA	2	
PUREFE PLUS	2	
<i>purevit dualfe plus</i>	1	

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Drug name	Drug tier	Requirements/Limits
<i>pyridoxine hcl inj</i>	1	
<i>renal caps</i>	1	
RENATABS	2	
RENATABS WITH IRON	2	
<i>rena-vite rx</i>	1	
<i>reno caps</i>	1	
REQ 49+	2	
REVESTA	2	
RHEUMATE	2	
ROXIFOL-D	2	
SELECT-OB+DHA	2	
SENTRA AM	2	
SENTRA PM	2	
<i>se-tan plus</i>	1	
SIDEROL	2	
<i>sodium ferric gluconate complex/ sucrose</i>	1	
STROVITE FORTE	2	
STROVITE ONE	2	
SUPERVITE	2	
SUPERVITE EC	2	
SUPPORT	2	
SUPPORT-500	2	
SYNAGEX	2	
SYNATEK	2	
TANDEM F	2	
TANDEM PLUS	2	
TARON FORTE	2	
THERAMINE	2	
<i>thiamine hcl inj</i>	1	
<i>tl gard rx</i>	1	
TL G-FOL OS	2	

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Drug name	Drug tier	Requirements/Limits
<i>tl icon</i>	1	
<i>tl-hem 150</i>	1	
TL-ICARE	2	
TOZAL	2	
TREPADONE	2	
<i>tricon</i>	1	
TRIFERIC	2	
<i>trigels-f forte</i>	1	
<i>triphrocaps</i>	1	
UDAMIN SP	2	
<i>urosex</i>	1	
VASCAZEN	2	
VASCULERA	2	
VAYACOG	2	
VAYARIN	2	
VAYAROL	2	
<i>v-c forte</i>	1	
VENOFER	2	
<i>vicap forte</i>	1	
<i>vic-forte</i>	1	
<i>vinate ii</i>	1	
VINATE M	2	
<i>virt-caps</i>	1	
<i>virt-vite</i>	1	
<i>virt-vite forte</i>	1	
<i>virt-vite plus</i>	1	
<i>vita s forte</i>	1	
<i>vitacel</i>	1	
VITAFOL TABS	2	
VITAFOL ULTRA	2	
VITAFOL-OB+DHA	2	
VITAJECT	2	

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VITAL-D RX	2	
<i>vitamax pediatric</i>	1	
VITAMEDMD REDICHEW RX	2	
<i>vita-min</i>	1	
<i>vitamin b-complex 100</i>	1	
<i>vitamin d</i>	1	
VITAMIN K1	1	
VITA-PREN	2	
VITA-RESPA	2	
VITAROCA PLUS	2	
<i>vol-care rx</i>	1	
VP-GSTN	2	
<i>vp-precip caps 10mg; 125mg; 250mg</i>	1	
<i>vp-precip caps 40mg; 500mg; 1000mg</i>	1	
VP-ZEL	2	
<i>wheat germ</i>	1	
XAQUIL XR	2	
<i>xyzbac</i>	1	

WEIGHT LOSS

ADIPEX-P	2	PA
APPTRIM	2	PA
APPTRIM-D	2	PA
BELVIQ	2	PA
BELVIQ XR	2	PA
<i>benzphetamine hcl tabs 50mg</i>	1	PA
BONTRIL PDM	2	PA
CONTRAVE	2	PA
<i>diethylpropion hcl</i>	1	PA
<i>diethylpropion hcl er</i>	1	PA
LOMAIRA	2	PA

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Drug name	Drug tier	Requirements/Limits
MEDACTIV	2	PA
<i>phendimetrazine tartrate</i>	1	PA
<i>phendimetrazine tartrate er</i>	1	PA
<i>phentermine hcl</i>	1	PA
QSYMIA	2	PA
REGIMEX	2	PA
SAXENDA	2	PA
SUPRENZA	2	PA
XENICAL	2	PA

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 - Qualified interpreters
 - Information written in other languages

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Si habla un idioma que no sea inglés, se encuentran disponibles servicios gratuitos de asistencia de idiomas. Visite nuestro sitio web o llame al número de teléfono que figura en su tarjeta de identificación de miembro. (Spanish)

如果您使用英文以外的語言，我們將提供免費的語言協助服務。請瀏覽我們的網站或撥打您會員卡上的電話號碼。(Traditional Chinese)

Kung hindi Ingles ang wikang inyong sinasalita, may maaari kayong kuning mga libreng serbisyo ng tulong sa wika. Bisitahin ang aming website o tawagan ang numero ng telepono na nasa inyong identification card bilang miyembro. (Tagalog)

Si vous parlez une autre langue que l'anglais, des services d'assistance linguistique gratuits vous sont proposés. Visitez notre site Internet ou appelez le numéro figurant sur votre carte d'identification de membre. (French)

Nếu quý vị nói một ngôn ngữ khác với Tiếng Anh, chúng tôi có dịch vụ hỗ trợ ngôn ngữ miễn phí. Xin vào trang mạng của chúng tôi hoặc gọi số điện thoại trên thẻ hội viên của quý vị. (Vietnamese)

Wenn Sie eine andere Sprache als Englisch sprechen, stehen Ihnen kostenlose Sprachdienste zur Verfügung. Besuchen Sie unsere Website oder rufen Sie die Telefonnummer auf Ihrem Mitgliderausweis an. (German)

영어가 아닌 언어를 쓰시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 저희 웹사이트를 방문하시거나 귀하의 ID 카드에 기재되어 있는 번호로 전화해 주십시오. (Korean)

Если вы не владеете английским и говорите на другом языке, вам могут предоставить бесплатную языковую помощь. Посетите наш веб-сайт или позвоните по номеру, указанному на вашей идентификационной карточке участника плана. (Russian)

إذا كنت تتحدث لغة غير الإنجليزية، فإن خدمات المساعدة اللغوية المجانية متاحة. تفضل بزيارة موقعنا على الويب أو اتصل برقم الهاتف الموضح على بطاقة هوية العضو الخاصة بك. (Arabic)

अगर आप अंग्रेजी के अलावा कोई अन्य भाषा बोलते हैं, तो मुफ्त भाषा सहायता सेवाएं उपलब्ध हैं। हमारी वेबसाइट पर जाएं या अपने सदस्य पहचान कार्ड पर दिए गए फोन नंबर पर कॉल करें। (Hindi)

Nel caso Lei parlasse una lingua diversa dall'inglese, sono disponibili servizi di assistenza linguistica gratuiti. Visiti il nostro sito web oppure chiami il numero di telefono presente sul Suo tesserino identificativo. (Italian)

Caso você seja falante de um idioma diferente do inglês, serviços gratuitos de assistência a idiomas estão disponíveis. Acesse nosso site ou ligue para o número de telefone presente em seu cartão de identificação de membros. (Portuguese)

Si ou pale yon lòt lang ki pa Anglè, wap jwenn sèvis asistans pou lang gratis ki disponib. Vizite sitwèb nou an oswa rele nan nimewo telefòn ki sou kat idantifikasyon manm ou an. (Haitian Creole)

Jeżeli nie posługują się Państwo językiem angielskim, dostępne są bezpłatne usługi wsparcia językowego. Proszę odwiedzić naszą witrynę lub zadzwonić pod numer podany na Państwa karcie członkowskiej. (Polish)

英語をお話にならない方は、無料の言語支援サービスを受けることができます。弊社ウェブサイトにはアクセスするか、またはメンバーIDカードに記載の電話番号にお問い合わせください。 (Japanese)

Nëse nuk flisni gjuhën angleze, shërbime ndihmëse gjuhësore pa pagesë janë në dispozicionin tuaj. Vizitoni faqen tonë në internet ose merrni në telefon numrin e telefonit në kartën tuaj identifikuese të anëtarit. (Albanian)

ከእንግሊዝኛ ሌላ ቋንቋ የሚናገሩ ከሆነ ነጻ የቋንቋ ድጋፍ አገልግሎቶችን ማግኘት ይቻላል። የእኛን ድረ-ገጽ ይጎብኙ ወይም በእርስዎ የአባልነት መታወቂያ ካርድ ላይ ያለውን ስልክ ቁጥር በመጠቀም ይደውሉ። (Amharic)

Եթե խոսում եք անգլերենից բացի մեկ այլ լեզվով, ապա Ձեզ համար հասանելի են լեզվական աջակցման անվճար ծառայություններ: Այցելեք մեր վեբ կայքը կամ զանգահարեք Ձեր անդամի նույնականացման քարտի վրա նշված հեռախոսահամարով: (Armenian)

যদি আপনি ইংরেজী ব্যতীত অন্য কোনো ভাষায় কথা বলেন তাহলে বিনামূল্যের দোভাষীর পরিষেবা উপলব্ধ আছে। আমাদের ওয়েবসাইট দেখুন এবং আপনার সদস্য পরিচয়পত্রে থাকা ফোন নম্বরে ফোন করুন। (Bengali)

Yoo afaan Ingilifa allati affan birraa dubbattan tajaajili gargarsa afaani(qooqqa) biliissan niarggama. Kannafu websitti keenya illala hookan telefoona waarraqa miseensa irra jirran bilbilla. (Cushite-Oromo)

បើអ្នកនិយាយភាសាផ្សេងក្រៅពីភាសាអង់គ្លេស សេវាកម្មជំនួយផ្នែកភាសាមាន ផ្តល់ជូនអ្នកដោយឥតគិតថ្លៃ។ សូមចូលមើលគេហទំព័ររបស់យើង ឬហៅទៅកាន់ លេខទូរស័ព្ទដែលមាននៅលើប័ណ្ណសម្គាល់សមាជិករបស់អ្នក។ (Khmer)

Ako govorite neki jezik koji nije engleski, dostupne su besplatne jezičke usluge. Posetite našu internet stranicu ili nazovite broj telefona na vašoj članskoj identifikacijskoj kartici. (Serbo-Croatian)

This formulary was updated on 10/01/2017. For more recent information or other questions, please contact Aetna Medicare Member Services at **1-800-594-9390** or for **TTY users: 711**, 8 a.m. to 6 p.m. local time, Monday through Friday, or visit **<http://www.AetnaRetireePlans.com>**, choose "Manage your prescription drugs".

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